

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."  
—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XLIII.—No. 3.]

DECEMBER 1ST, 1935.

PRICE NINEPENCE.

### CALENDAR.

- Tues., Dec. 10.—Dr. Hinds Howell and Mr. Wilson on duty.
- Fri., „ 13.—Medicine: Clinical Lecture by Lord Horder.  
Dr. Gow and Mr. Girling Ball on duty.
- Sat., „ 14.—Rugby Match v. Old Paulines. Home.  
Association Match v. Chelsea Polytechnic. Home.  
Hockey Match v. Royal Naval College. Away.
- Tues., „ 17.—Dr. Graham and Mr. Roberts on duty.
- Fri., „ 20.—Prof. Witts and Prof. Paterson Ross on duty.
- Sat., „ 21.—**Last day for receiving matter for the  
January issue of the Journal.**
- Tues., „ 24.—Lord Horder and Sir Charles Gordon-Watson on  
duty.
- Wed., „ 25.—**Christmas Day.**
- Fri., „ 27.—Dr. Hinds Howell and Mr. Wilson on duty.
- Sat., „ 28.—Rugby Match v. Old Milhillians. Home.
- Tues., „ 31.—Dr. Gow and Mr. Girling Ball on duty.
- Fri., Jan. 3.—Dr. Graham and Mr. Roberts on duty.
- Sat., „ 4.—Rugby Match v. Harlequins. Home.  
Association Match v. Old Malvernians. Home.
- Tues., „ 7.—Prof. Witts and Prof. Paterson Ross on duty.
- Fri., „ 10.—Lord Horder and Sir Charles Gordon-Watson on  
duty.  
Rugby Match v. Wasps. Away.  
Hockey Match v. Sevenoaks. Home.
- Sat., „ 11.—Association Match v. St. John's Hall. Home.

### EDITORIAL.

**T**HERE are various things that may be said against Christmas, but there is one incontrovertible thing to be said for it, namely, that it comes but once a year. And once a year we are given the opportunity of exercising the "bicycle made-for-two" type of psychology at the expense of authority, without fear of just retribution. For the New Year is so close upon us, with a change in clinical appointments to accompany it, that the young men can be care-free in their demonstrations of exuberance without any fear of an aftermath. The venue will shortly be changed; and twelve months more must pass before the blind eye of authority is put to the telescope again.

But Christmas, in a strictly medical sense, has a period of incubation, which is now evident in the Surgery every day—mayhap in song or dance, mayhap in carols in a higher key. In the wards, on the other hand, it entails work of a very different kind, and Sisters are to be found in side rooms with parcel upon parcel of decorations and ornaments that have been quietly collecting for longer than most of us guess. In one ward, to be sure, a Sister was seen three weeks after Christmas, 1934, arranging things and making a few additions to the embryonic collection for 1935! Less so is this spirit rife, we fear, in the preparations made by the performers in at least one show, who have astounded themselves and a great many others this year by attending—or by half of them attending—a rehearsal while December was still in single figures. We doubt if it will ever occur again, but in theory, at least, it is a good sign.

It is inevitably the case, however, that the final result is good, granted a versatile pianist and the necessary refreshment to provide for a heavy day's exercise. It

is written that after the Christmas-time wedding at Dingley Dell the men of the party went for a "five-and-twenty-mile walk to get rid of the effect of the wine at breakfast". In this case the procedure is reversed: the "five-and-twenty-mile walk" comes first and the remainder follows in the evening. That is the fastigium of the disease that has long been in incubation; the period of convalescence, we hope, is always quite uneventful.

So we wish all our readers a Happy Christmas, and would ask them to remember the College Appeal Fund among their Christmas presents. Our last issue proved—if any proof were needed—how great an addition has been made to Bart.'s since Christmas, 1934; it will surely be quite complete by the same date 1936 if every effort is made, and no opportunity, so excellent as this, is lost of helping it on its way.

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Lieut.-Col. R. N. Chopra, C.I.E., M.B., Indian Medical Service, has been appointed Honorary Physician to the King.

\* \* \*

We congratulate Mr. Rait Smith and Mr. West on gaining the Diploma of Anaesthetics.

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We would remind our readers of the Annual Christmas Entertainment of the Amateur Dramatic Club, who are presenting *Libel* in the Great Hall of the Hospital, by kind permission of the Treasurer and Almoners, on January 14th–17th inclusive. Tickets will be available after January 1st, and the performance each evening will begin at 8.15.

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#### DINNER TO PROFESSOR GASK.

A valedictory dinner was held in honour of Prof. G. E. Gask on the evening of September 27th, 1935, at the Café Royal. Thirty-one of the Professor's old house surgeons were present, together with his present chief assistants. The Professor's health was proposed by Mr. Reginald M. Vick, as the most senior of those present, and seconded by Mr. R. L. Benison, the present house surgeon. In replying to the toast Prof. Gask indulged in reminiscences about those present, and concluded by proposing the health of his successor, Prof. J. Paterson Ross. The latter replied, and hoped that the work of the Surgical Unit would be carried on in the high tradition initiated by its founder.

A presentation was made of a silver mazer bowl, made by Omar Ramsden, and inscribed, "To George Gask, from his house surgeons, on his retirement from the Chair of Surgery at St. Bartholomew's Hospital, September, 1935". This had been subscribed to by all those present, as well as those of the Professor's house surgeons now in the country who were unable to be present at the dinner.

*The following were present:* Messrs. R. M. Vick, F. A. Roper, C. T. Neve, H. B. G. Russell, H. K. V. Soltan, R. Ogier Ward, L. R. Shore, N. H. Hill, J. P. Ross, J. P. Hosford, A. M. Boyd, R. Coyte, S. L. Higgs, R. W. P. Hosford, G. L. Brocklehurst, G. S. W. Evans, T. D. Deighton, F. A. Bevan, E. A. Freeman, H. B. Stallard, F. H. A. Walker, H. J. Burrows, A. C. Bell, A. Philips, J. R. J. Beddard, J. S. MacVine, G. C. Knight, J. H. Hunt, G. D. S. Briggs, V. C. Snell, J. W. Cope, R. L. Benison and F. E. Wheeler.

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We publish here a short account of the Cambridge Graduates' Club Dinner from the Senior Secretary:

The Cambridge Graduates' Club of St. Bartholomew's Hospital was founded in the autumn of 1876 at the instigation of James Shuter. The membership is limited to those members of the Hospital who hold a Cambridge degree—not, be it noted, a medical degree. The object of the founder was to gather together the new arrivals from Cambridge and to help them to get to know those senior to themselves, not merely to provide a means of jollification for the elderly. Remembering this object, it is to be hoped that the recently-joined Cambridge men will make a point of attending the dinners regularly, and not wait till they are qualified before helping to make the dinner the success which appears to be traditional.

Every Cambridge graduate on entering the Hospital automatically becomes a member of the Club. It is, perhaps, well to mention that the entrance fee is *nil*, and that the subscription is the same. Inquisitive people may wonder how the expenses of printing and postage are met. The answer to that is a secret jealously guarded in the bosoms of the secretaries.

That the annual meeting of the Club is a success is a matter of universal acknowledgment, and, in the course of close on sixty years, various little ceremonials have become customary. In this connection it is only necessary to mention "Hairy Rouchy" and the "Twelve Apostles". Old members will know what is meant, and curiosity may induce young members to come and find out for themselves.

The Annual Dinner for 1935 was held on November 27th at the Mayfair Hotel. Dr. George Graham occupied, if he failed to fill, the Chair. After the loyal toast had been honoured, Dr. Graham proposed the health of the Club. Dr. Graham lamented the death of two former Chairmen, Mr. Holmes Spicer and Mr. Frank Rose, both distinguished and sorely missed members of the Club.

Turning to a more cheerful subject, Dr. Graham congratulated the Club on entertaining the newly-appointed Regius Professor of Physic, Prof. J. A. Ryle, of Guy's Hospital, and welcomed the presence of the retiring Professor, Sir Walter Langdon Brown, and also Dr. T. S. Hele, the Master of Emmanuel. Dr. Hele is the fourth member to attain the dignity of a College Mastership, thus following in the steps of Howard Marsh of Downing, Shipley of Christ's, and Anderson of Caius.

Dr. Graham then extended a warm welcome to the new members, enumerating their academic distinctions.

Sir Walter Langdon Brown next proposed the toast of the Guests in a witty and anecdotal speech, and drew a graceful reply from Prof. Ryle.

Dr. Roxburgh raised a blush on the countenance of the Chairman in proposing his health, recalling the peccadilloes of adolescence, and tracing the subsequent development of a distinguished career.

Everyone present sang "For he's a jolly good fellow" with conviction, during which chorus Dr. Graham looked more and more miserable as he sat in his chair while everyone else stood and turned towards him to wish him good luck. At last, however, the ordeal, for him, came to an end, and he found relief in eulogizing the efforts of the secretaries, who duly responded.

"Auld Lang Syne" ended the proceedings at the Mayfair Hotel, but a most enjoyable part of the evening followed for those wise ones who accepted the invitation from Mr. Vick to re-assemble at his house in Harley Street. Many years ago Dr. Morley Fletcher inaugurated this custom after the Dinner, and entertained generation after generation at 98, Harley Street. Much of the success of these dinners is due to Dr. Fletcher, and it was in his house that, little by little, the ceremonies of Hairy Rouchy, the Twelve Apostles, etc., were developed.

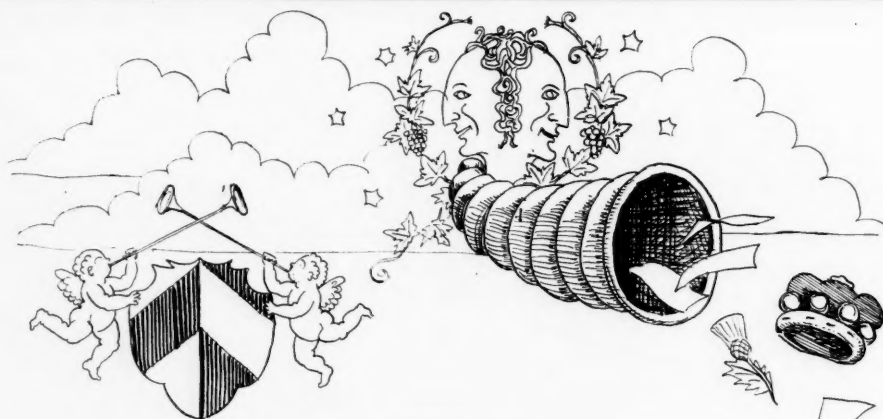
Mr. Vick has kindly carried on the tradition, and anyone who can play the piano, scrape a fiddle, blow a penny whistle, draw a tune from a sackbut, psaltery, dulcimer, or lute, or can sing, tell a story, or dance a hornpipe, or converse amicably with his friends, is assured of a warm welcome. Here, then, this year the ceremonies were duly observed, and a delightful evening was concluded, just before midnight, with a hearty vote of thanks to Mr. Vick.

## COLLEGE APPEAL FUND.

## SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff . . . . .	13,177	16	4	(75)
Demonstrators . . . . .	1,758	2	0	(70)
Students . . . . .	1,155	3	9	(319)
Old Bart.'s men:				†
‡Bedfordshire . . . . .	40	13	6	(8) . (26)
Berkshire . . . . .	123	3	0	(16) . (37)
‡Buckinghamshire . . . . .	82	4	0	(15) . (29)
‡Cambridgeshire . . . . .	194	6	0	(18) . (42)
‡Cheshire . . . . .	6	16	6	(3) . (26)
‡Cornwall . . . . .	22	12	0	(8) . (36)
Cumberland . . . . .	5	0	0	(1) . (6)
Derbyshire . . . . .	19	14	0	(4) . (17)
‡Devonshire . . . . .	574	0	0	(53) . (98)
‡Dorset . . . . .	52	11	6	(14) . (30)
‡Durham . . . . .	17	7	0	(4) . (11)
Essex . . . . .	264	3	6	(22) . (69)
‡Gloucestershire . . . . .	252	0	6	(28) . (52)
Hampshire . . . . .	1,487	16	6	(52) . (134)
‡Herefordshire . . . . .	17	12	0	(4) . (10)
Hertfordshire . . . . .	91	18	0	(19) . (73)
Huntingdonshire . . . . .	5	5	0	(1) . (1)
Isle of Wight . . . . .	191	13	0	(13) . (25)
‡Kent . . . . .	587	4	0	(71) . (146)
‡Lancashire . . . . .	117	4	6	(15) . (82)
Leicestershire . . . . .	136	15	0	(7) . (28)
‡Lincolnshire . . . . .	60	8	0	(18) . (27)
‡Middlesex . . . . .	497	14	0	(34) . (63)
‡Norfolk . . . . .	178	0	6	(21) . (60)
‡Northamptonshire . . . . .	59	14	6	(6) . (17)
‡Northumberland . . . . .	101	1	0	(2) . (11)
‡Nottinghamshire . . . . .	24	3	0	(5) . (28)
‡Oxfordshire . . . . .	231	15	0	(22) . (26)
Rutland . . . . .	1	1	0	(1) . (2)
Shropshire . . . . .	38	1	0	(10) . (22)
‡Somersetshire . . . . .	1,782	6	4	(28) . (43)
Staffordshire . . . . .	194	18	0	(6) . (37)
‡Suffolk . . . . .	330	10	0	(26) . (46)
Surrey . . . . .	519	14	6	(60) . (180)
Sussex . . . . .	648	0	6	(61) . (174)
‡Warwickshire . . . . .	209	14	0	(23) . (64)
Westmorland . . . . .	2	10	0	(1) . (5)
‡Wiltshire . . . . .	1010	11	0	(12) . (26)
‡Worcestershire . . . . .	161	1	6	(25) . (25)
‡Yorkshire . . . . .	348	1	6	(28) . (101)
Wales . . . . .	69	12	0	(20) . (150)
London . . . . .	6,712	13	2	(208) . (971)
Channel Islands . . . . .	20	0	0	(2) . (9)
Scotland . . . . .	15	5	0	(5)
Abroad . . . . .	119	1	0	(13)
South Africa . . . . .	376	15	6	(20)
Canada . . . . .	114	3	6	(8)
East Africa . . . . .	87	12	0	(10)
West Africa . . . . .	146	10	0	(5)
India . . . . .	207	12	0	(13)
Ireland . . . . .	25	4	0	(4)
North Africa . . . . .	1	0	0	(1)
North Borneo . . . . .	10	10	0	(1)
Australia . . . . .	122	2	0	(6)
China . . . . .	52	8	4	(9)
Siam . . . . .	10	0	0	(1)
France . . . . .	50	0	0	(1)
British West Indies . . . . .	65	8	0	(7)
Straits Settlements . . . . .	7	1	0	(3)
New Zealand . . . . .	6	1	0	(3)
Services . . . . .	644	14	6	(47)
Others . . . . .	71,165	6	8	(557)
Lord Mayor's Appeal . . . . .	17,990	16	0	
Funds of College . . . . .	8,000	0	0	
Value of Building . . . . .	20,000	0	0	
<b>£152,800 2 7</b>				

\* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

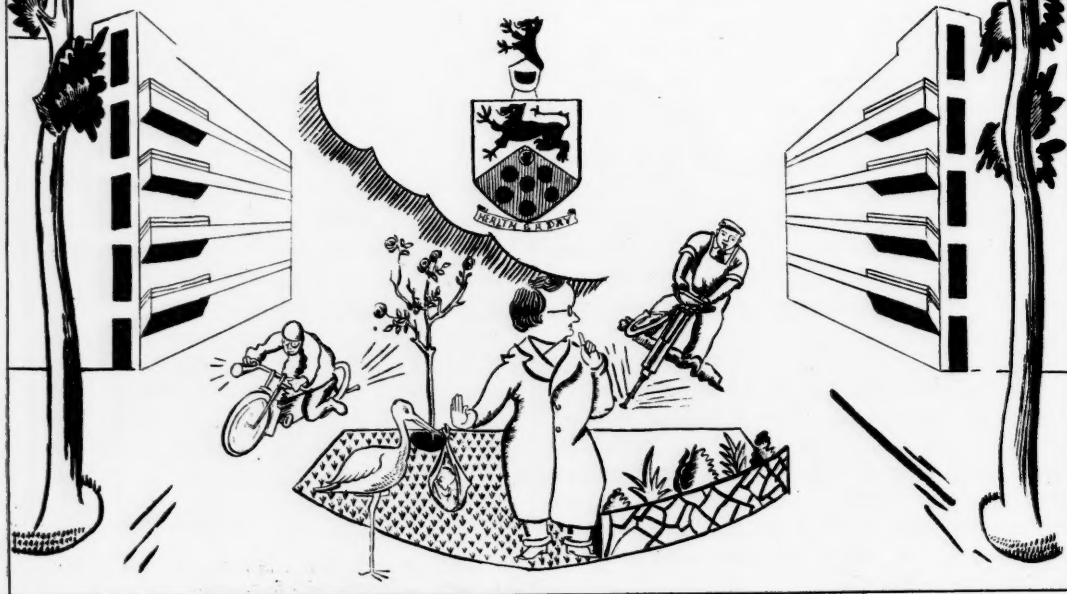


### HUSH!

*Pray Silence for Lord H— in full career,  
Physician with a peerage but no peer!  
Let there be no Unnecessary Noise  
To mar his motif or provoke his poise!  
And thou, great Janus, who his Birth  
Controlled*

*And lavished on him talents manifold—  
[Item, most Prime, most Princely  
dispensations  
Of that invaluable virtue, patients]—  
Note hat he merits, ere his arteries harden,  
Leisure to cultivate his Ashford garden.*

N. E. S.





## OBITUARIES.

## THOMAS SANDERS WORBOYS.

**DR.** WORBOYS died at his home in Yorkshire on November 13th, at the age of 69, after a long and painful illness very bravely borne. After qualifying at St. Bartholomew's Hospital in 1889, and being awhile Senior House Surgeon at Ancoat's, Manchester, he left for Mexico, where he spent four years as M.O. of the Mexican Railway, then in process of construction. Later he made several voyages as ship's doctor with Messrs. Holts and the Blue Funnel Lines. Following these experiences abroad, he set up in practice in North Lincolnshire, where for many years he was loved by the numerous patients of a far-spread country practice.

Formerly a captain in the Volunteers, he became, during the war, attached to the R.A.M.C., and worked as anæsthetist at Millbank, at the 2nd Eastern General Hospital, and finally became Commandant of Lady Dudley's Red Cross Hospital in Brighton. The strain of war years told, however, on failing eyesight, and shortly afterwards he became almost blind. Always an active man, interested in many pursuits, and a vigorous reader, this loss was especially poignant. He sought, however, to become knowledgeable in gardening, and with the help of his wife, his inseparable companion, spent his days in the planning and lovingly tending of an extensive garden at the home to which he retired at Northallerton. He leaves a widow, formerly Miss Rosetta Goodworth, daughter of Dr. Goodworth, J.P., of Winterton, Lincs.

## DR. G. W. BURN.

Dr. George Wilson Burn, one of the best of the old school of general practitioners, died at Cromer on November 11th, in his eighty-ninth year. Coming of a medical family, he was educated at St. Bartholomew's Hospital, of which he was a scholar, and where he studied in the wards under Dr. Gee and Mr. Callender. He qualified in 1873, and practised in Brixton until 1901. Since then he lived at St. Albans and Cromer, and took a keen interest in botany and gardening. He also devoted much time to the study of Esperanto, and regularly attended the International Conferences. He published a short while ago *Stories and Recollections by an Ordinary Octogenarian*, and only last month a long letter on "Penny Readings" by him was published in the *Times*.

He will be sadly missed by a great number of old patients and friends, who knew him as a man of great sincerity behind a shy and retiring disposition.

## OLD STUDENTS' DINNER.

**THE** PRINCE OF WALES attended the Old Students' Dinner on Tuesday, November 5th, in the Old Hall of the Merchant Taylors' School—now the Dining Hall of the new Medical College in Charterhouse Square; 430 people were present and the Dean, Mr. Girling Ball, was in the Chair.

The Prince alluded in the first place to the progress made in the extension of the Medical School, in the collection of money and rapid organization of the building. Referring in particular to the efforts of Bart.'s men, he congratulated them on a worthy and determined effort. He took pride, he said, in being an Honorary Perpetual Student of the Hospital, although the term perpetual, according to the dictionary, implied "never ceasing"—opening up a gloomy prospect, a prospect of lectures term after term, year after year—long after you gentlemen have made your reputations in no less a place than Harley Street. Men may come, men may go, but my studies go on for ever. I wonder to myself how I can escape this dreary life sentence—unless I can find a loophole in the prefix "honorary".

He went on to express his interest in medical research, and alluded to the debt of gratitude the whole community owed to the medical profession. Finally, he congratulated those responsible for the new buildings upon having made provision not only for research, but also for exercise for the town-dwelling students.

Mr. Girling Ball began by pointing out that the total cost of the Medical College would be £200,000, of which £55,000 had already been contributed by old Bart.'s men. A Residential College, to be added later, would cost £30,000. He referred to the substantial capital grant which had come so opportunely from the University of London, and pointed out that, by the end of the winter the whole plan should be completed.

Lord Stanmore then proposed the Civic Toast, to which the Lord Mayor (Sir Stephen Killik) replied.

Mr. R. M. Vick, Warden of the College, proposed the Toast of the Guests and Lord Macmillan, Chairman of the Court, University of London, replied. Finally the toast of the Chairman was proposed by Lord Horder and received with musical honours.

There were present :

#### GUESTS.

H.R.H. THE PRINCE OF WALES, K.G., President of St. Bartholomew's Hospital.

Archer, Archibald, Athlone, Rt. Hon. the Earl of, K.G. (Chancellor of the University of London), Aubrey, S. J., Austen-Leigh, R. A., Aylwen, G., Birley, N. P., Blackwell, T. C., Blomfield, Austin, M.A., Borland, F. J., B.A., L.C.P., Brown, W. H., Buzzard, Sir Farquhar, K.C.V.O., Campbell, Sir Gordon, Christopherson, Stanley, Claughton, H., Cohen, Sir Herbert, Bart., O.B.E., Crittall, R., Culpin, E. G., Dale, Sir H. H., Davis, G. E. S., Dawson of Penn, The Rt. Hon. Lord, P.C., G.C.V.O., K.C.B. (President of the Royal College of Physicians), Deller, Sir Edwin, Douglas, The Rev. J. L., Dudgeon, Professor L. S., C.M.G., Eason, H. L., C.B., C.M.G., Fairbairn, James, Finnis, C. R., Goodenough, W. M., Hall, Surg.-Vice-Admiral R. W. B., Hartigan, Lt.-Gen. Sir James A., C.B., C.M.G., D.S.O., Hayes, Thomas, C.B.E., Hays, H. B., Horner, N. G., M.D., Iredell, Air-Commodore A. W., Jenks, Sir Maurice, Bart., LL.D., Johnston, Professor T. B., Killik, Sir Stephen, K.C.V.O. (The Rt. Hon. The Lord Mayor of London), Laurie, Col. and Sheriff, J. D., Lodge, T. A., O.B.E., F.R.I.B.A., Lovatt, L. B., O.B.E., M.C., Lovell, W. G., Macmillan, Rt. Hon. Lord, P.C., K.C. (Chairman of the Court, University of London), MacNalty, Dr. A., Mathews, H. E., F.R.I.B.A., Menzies, Sir Frederick, K.B.E., Millar, J. H., Morland, E. C., Mortimer, W. E., Moynagh, D. W., Mundy, R., Nelson, W. S., Newbegin, C. E. W., O'Brien, D. P., Paget, Rt. Rev. Bishop H. L., D.D., Plender, Rt. Hon. Lord, G.B.E., Pollock, Sir Adrian, Power, C. M. Press: *Daily Telegraph*, *Daily Express*, *Daily Mail*, *City Press* (G. R. Collingridge), Press Association, *Morning Post*, *Times*, Richards, D. E., Robertson, W. H., Roach, A. T., Russell, Hon. Sir Odo, Ryle, Dr. John, Schomberg, The Rev. Edward St. G., Sharp, A. F., F.S.A.A., Simmons, Alderman C. H., J. P., Simpson, T. Young, F.R.C.S., Slazenger, A. E. L., Spicer, H. G., Stanmore, Rt. Hon. Lord, Stewart, Dr. B. Halley, Stobie, H., Strafford, The Rt. Hon. The Earl of, Thomas, Danford (City Coroner), Townend, W. T., M.I.M.E., M.I.E.E., Vigers, Geoffrey, F.S.I., Waldron, Col. and Sheriff W. J., Walters, A., Ware Godfrey, Watson, Admiral Sir Hugh, Webber, R. H., Wilkinson, Sir George, Willans, G. J., M.B.E., Winfrey, R. P., M.A., LL.B., Woodhouse, Major R. P., Worsley, S. J., Wyatt, C. P., F.C.A., Youngman, J. G.

#### OLD STUDENTS.

1866-1875.

Adams, J., Barton, J. K., Edwards, F. Swinford.

1876-1885.

Aldridge, E. A., Burnie, W. G., Corker, T. M., Griffith, W. S. A., Lathbury, C. J., Menzies, J. H., Mortimer, J. D. E., Power, Sir D'Arcy, Sykes, W. A.

1886-1895.

Arkwright, J. A., Attlee, J., Bathurst, L. W., Beath, D. L., E. W., Clindening, F. T. D., Dufton, H. T., Fletcher, H. Morley, Brewerton, Furber, E. P., Glover, L. G., Griffiths, J. H., Hall, Sir A. J., Hartley, Sir Percival, Hayward, J. A., Hurtley, W. H., Johnson, H. J., Macphail, A., Rees, Sir Milsom, Selby, P. G., Waring, Sir Holburt, Bart.

1896-1905.

Anstey-Chave, T., Baiss, L. A., Ball, W. Girling, Boyle, H. E. G., Brown, Sir Walter Langdon, Bumstead, H. J., Burfield, J., Burra, L. T., Burstal, E., Butler, H. B., Colt, G. H., Cumberland, W. I., Douglass, W. C., Dunhill, Sir Thomas, Elmslie, R. C., Evans, E. Laming, Ewen, G. S., Fairbank, J. G., Atkinson, Fell, Sir Matthew H. G., Forbes, J. G., Ffrench, E. G., Gask, G. E., Gordon, M. H., Gordon-Smith, H., Gordon-Watson, Sir Charles, Haldon-Davis, H. Hay, K. R., Hayes, A. H., Haynes, G. S., Hinds-Howell, C. M., Horder, Lord, Hosken, J. G. F., Jordan, A. C., Kay, A. R., Maples, E. E., Marshall, J. C., Moore, R. Foster, Myers, B., Neligan, A., Nicoll, C. Vere, Nunn, J. W., Oldfield, J., Pennefather, C. M., Pinker, H. G., Rowe, W. T., Scott, M. Bodley, Scott, Sydney, Thornley,

R. L., Thursfield, H., Walker, H., Walmisley, N., Ward, V. G., Ware, A. M., Waterfield, N. E., Westerman, A., Weston, H. J., Willis, J. K., Wilson, H. Lydiard, Wood-Hill, H., Young, E. E.

1906-1915.

Armstrong, R. R., Ballingall, D. C. G., Batt, B. E. A., Batten, L. W., Biggar, B., Binney, C. N., Boney, T. K., Bower, H. J., Brock, E. A. P., Candler, A. L., Cumberbatch, E. P., Cunningham, A. J. W., Cunningham, W. A., Davies, I. J., Donaldson, E., Donaldson, M., Douglas, H. A., Evans, Geoffrey, Fairbairn, R. C., Feilling, A., Fiddian, J. V., Fison, W. J., Fraser, Professor F. R., Gillies, Sir Harold, Glenney, E. T., Gow, A. E., Graham, G., Grange, C. D'O., Griffith, J. R., Griffin, W. B., Gurney-Dixon, S., Hadfield, Professor G., Hartridge, Professor H., Heald, C. B., Holthusen, A. W., Hopwood, Professor, F. L., Hoskyn, C. R., Kettle, Professor E. H., Keynes, G. L., King, H. H., Linder, G. C., Maltby, H. W., Meller, R. W., Moreton, A. L., Newton-Davis, C., Oulton, E. V., Pavay-Smith, A. B., Porter-Phillips, J. G., Power, D'Arcy, Ramsay, Jeffrey, Rigby Lynn, G. E., Robbins, F. H., Roberts, J. E. H., Roxburgh, A. C., Russell, H. Bedford G., Scott, Rupert, Smythe, G. A., Soames, R. M., Soltan, H. K. V., Stone, D. M., Stott, A. W., Sturdee, E. L., Thomas, C. Hamblen, Twigg, G. W., Vick, Reginald M., Wade, R., Wakeford, V. D. C., Ward, R. Ogier, Way, L. F. K., Weddell, J. M., Wells-Cole, G. C., Whitby, F., Willes, C. F., Willis, F. E. Saxby, Wilson, A. Cyril, Woodman, E. M., Woodward, Sir Stanley, Woollard, Professor H. H.

1916-1925.

Anderson, R. G., Andrews, H. Newton, Armitage, B. W. F., Bach, F., Barnsley, A., Bourne, Geoffrey, Brooke, C. O. S. B., Brewer, H. F., Burkitt, F. T., Capener, N. L., Capps, F. C. W., Champneys, Sir W. Dalrymple, Bart., Chandler, F. G., Cook, P. N., Cooke, R. Hunt, Corbett, R. S., Corsi, H., Cowan, G. A., Coyte, R., Cullinan, E. R., Davenport, R. C., Evans, Frankis T., Fiddian, E. A., Fletcher, E. T. D., Fraser, D. B., Garrod, L. P., Gilsenen, B. C., Green, R., Greenwood, F. G., Hankey, G. T., Harris, C. F., Heath, W. E., Heckford, F., Herington, C. E. E., Hewer, C. Langton, Higgs, S. L., Hodge, B. L., Hogg, J. C., Holmes, J., Hosford, J. P., Hume, J. B., Jamie, J. W. P., Jeaffreson, B. L., Jory, N. A., Joyce, H. C. C., Kerr, J. N., Kindersley, C. E., Klaber, R., Levitt, W. M., Lloyd, E. I., Lovatt Evans, Professor C., Macaulay, H. M. C., Maitland, C. T., Martin, C. G., Mellor, A. W. C., Morrison, H., Nelson, G. J. V., Page, E. S., Parsons, F. B., Payne, R. T., Perkins, P. M., Pracy, D. S., Prance, C. S. C., Roche, A. E., Ross, J. Paterson, Rossdale, G. H., Seddon, H. J., Skeggs, B. L., Smith, N. F., Struthers, J. A., Tait, G. B., Town, B. W., Tucker, H. K., Ware, H. A., Wells, A. Q., Whitby, H. A. M., White, J. S., Wilkinson, W., Witts, Professor, L. J.

1926-1935.

Armstrong, J. R., Baker, E. F. D., Banks, T. E., Barendt, G. H., Barnes, C. O., Bateman, C. H., Beattie, D. A., Beattie, John, Behrman, S., Benison, R. L., Blackburn, G., Bluser, I. N., Bradshaw, G. H., Broomhead, R., Brownlee, T. J. K., Capper, W. M., Coltart, W. D., Cope, J. W., Dale, R. H., Danino, M. A., Darmady, E. M., Edelsten, G., Edwards, J. A., Evans, Courtenay, Everett, A. D., Eytton-Jones, F. M. M., Franklin, A. W., Graham-Pole, R. M., Harrison, J. O., Hensman, J. S., Hinds-Howell, C. A., Hunt, J. H., Huss, C. B., Innes, A., Jackson, B., Jewesbury, E. C. O., Jones, F. Avery, Kemble, J., Kettlewell, H. B. D., Knox, R., Levick, P. G., Lane, C. R. T., Latter, K. A., Lehmann, H. P., Leishman, A. W. D., Lloyd, W. Jeaffreson, McBride, J. R. B., MacCarthy, D., Maclay, The Hon. W. S., Magnus, H. D., Marshall, R. M., Masina, F. H., Masina, M. H., McGavin, D. B., McMenemey, W. H., Morel, M. P., Neill, E. J., Norrish, R. E., Owston, A. J., Parsons, E. O'C., Pen-treath, E. U. H., Philips, A., Pirie, A. H., Posel, M. M., Rainey, P. R., Rait-Smith, B., Raven, R. W., Reavell, D. C., Riley, A. C., Ringdahl, O., Rodgers, H. W., Roper, R. D., Rowe, J. T., Scott, P. G., Scott, R. Bodley, Scowen, E. F., Smart, J., Spence, A. W., Stallard, H. B., Sutton, R. J. C., Tait, C. B. V., Thompson, V. C., Thorne-Thorne, B., Underwood, W. E., Vartan, C. K., Walker, F. H. Aitken, West J. H., White, H. D., Wilson, J.

## INSOMNIA.

**S**LEEP is a normal function of the brain, and the worst forms of sleeplessness are naturally found in psychoses, especially of the manic-depressive type, and in organic disease of the brain, such as encephalitis lethargica. Insomnia is a common symptom of toxic states. It is a distressing and sometimes serious symptom in lobar pneumonia. It is often the first symptom of delirium tremens. In typhus and typhoid fevers a constant wakefulness may pass into a state of prostration with unconscious muttering, contracted pupils and half-open eyes—a state called “coma vigil”. Disorders of the cerebral circulation such as are due to heart failure, cerebral arterio-sclerosis and anæmia are other causes of severe insomnia.

In general practice the commonest causes of insomnia are trivial in comparison with the foregoing, and yet the symptom may be intractable. Physical discomfort of any kind, whether only a stiffness or ache in some part of the body, which prevents the person lying in the position accustomed for sleep, and, of course, actual pain, are among the commonest causes of sleeplessness. Emotional disturbance of any kind, whether the natural excitement of pleasure or distress, or the mental mal-adjustments which declare themselves in hysteria and anxiety neuroses, are equally common causes of insomnia. Further, there is the functional disturbance of any organ or system of the body which may prevent or disturb a peaceful sleep. Well-known examples are acidity and flatulence, palpitations and tachycardia, especially attacks of paroxysmal tachycardia, dyspnoea, especially the paroxysmal dyspnoea of bronchial asthma, increased frequency of micturition and muscular cramps.

These are but a few examples of insomnia of known causation, and the treatment generally adopted is planned with the object in the first place of removing or controlling the cause of the insomnia, and in the second of restoring sleep by the use of drugs or physico-therapeutic measures.

In general practice insomnia of doubtful or undiscoverable causation is often met with. It may be a matter of sleep that is too light, or the sleep may be disturbed by dreams or nightmares. The patient may have difficulty in getting off to sleep and then sleep soundly; or he may go off to sleep quickly and wake too early; or he may wake at intervals for an hour or two. Organic disease and other functional disturbance often provide no satisfactory basis for successful treatment, and there is a natural hesitation to rely on drugs. It is for such cases that a different method of approach may be of value, and it is the object of this

article to give a brief outline of it by offering to the reader for his consideration a few observations on sleep.

Patients who consult us on account of insomnia are wanting more sleep than they are getting. It is sleep they want, and we, as doctors, shall have a better chance of giving them what they want or of telling them how to get it if we know about sleep as well as about a lack of sleep. Knowledge of sleep is to be found in textbooks of physiology and in occasional text-books of medicine, though it is curious how even large books devoted to disorders of the nervous system omit to deal with the subject of sleep.

Physiology presumes a central control of sleep probably situated in the region of the hypothalamus and floor of the third ventricle. It realizes a lowered activity of cortical cells, and it was at one time suggested that this is due to a retraction of cell-processes or dendrites. Modern histology, however, inclines to regard neurofibrillæ as continuous from one cell to another throughout the nervous system. Other theories to account for sleep, such as excess of carbon dioxide or of other products of metabolic activity, on the one hand, and cerebral anæmia on the other, are merely speculative. But while the nature of the process involved in sleep is unknown, some of the concomitants of sleep are well established. Thus there is a depression of vital processes, a lowering of the basal metabolic rate, a slowing of the pulse and a fall of blood-pressure. The respiration-rate is slowed, the temperature falls, muscle tone is diminished, tendon reflexes become sluggish, there is constriction of the whole cerebral circulation, so that the brain becomes paler and actually smaller, and the retinal arteries contract. Only the digestive tract and the secretory activity of the skin continue an activity at all comparable with that of the waking hours. As a result of this slowing of vital processes it has been thought that sleep is chiefly a time of rest, during which the body repairs and makes good the fatigues and injuries of the day that has passed, and eliminates an excess of waste products that have accumulated during the past day's activities.

But we may take a wider view of sleep if we contrast the activities of the day with those of the night. The activities of the day can be grouped under three headings, namely, adjustment to environment, largely reflex and unconscious, and partly conscious; the creation of things animate and inanimate, including concrete things and abstract ideas; exercise for the mere fun of it, including exercise for the sake of exercise, games and sport, dancing, music, singing and the rest of it. Apart, presumably, from the creation of philosophies and abstract thoughts, these are all animal activities. In animal life we see every variety of activity determined

by adjustment to surround; creation as in man, even though on a different plane; exercise for the mere fun of it, as when rabbits gambol on grass meadows in the evening outside a wood, or when a flight of starlings circles in the air once, twice or three times before it settles down to roost. Of these activities the first is a necessity for the preservation of life, the second secures some worldly purpose, and the third seems to be just a pleasurable exercise. In contrast with the activities of the day, sleep is a phase of unconsciousness and rest. Certainly there is no adjustment to surround. Nature takes pains to shut off the body from its environment. We cover ourselves with a sheet and blanket so that the blood-vessels of the skin remain evenly dilated through the night, even though the cold air blows into a bedroom at 2 or 3 a.m. The stimulus of light is shut out by contraction of the pupils, closing of the eyelids, contraction of the retinal vessels and, in most people, by a movement of the eyeballs upwards, so that the pupils are, in part at least, shaded from light by the projecting supra-orbital margins. It is with great pains that Nature shuts out the penetrating stimulus of light from the sleeping brain. The brain is less effectively closed to sound. Its insensitiveness to sound is said to reach a maximum after the first two to three hours of sleep; it then becomes less for some three hours, and the remaining hours of sleep are light in relation to the stimulus of sound.

During the hours of sleep Nature is taking the greatest pains to shut out the influence of the environment. The activities of the day are certainly no part of the human organism's work at night, there is no adjustment to surround, no creation, and no activity for the fun of it. At the same time it is something more than a period of rest. As already mentioned, the skin remains active, the digestive organs work, secreting and assimilating and preparing food residues for evacuation in the morning. The lungs are breathing, the heart is beating and the kidneys secreting urine. Even the brain seems to have its function to perform. It is common advice to anyone faced with a difficult problem to sleep on it. Indecision and intellectual difficulty at night is often simply dealt with in the morning after a night's refreshing sleep. It may be that this is just because the brain is refreshed by sleep. Or it may be that the brain is active, as are the organs of the body, during the night's repose, and that it spends the hours of sleep sorting the impressions of the day, and putting them into touch with and proper relation to the impressions of previous days. At any rate, so far as the brain is concerned, sleep is not unconsciousness or complete quiescence, for the brain is conscious during sleep of the passing of time. There are many who can wake in the morning

at a time determined the night before. There are others who know the time if they wake in the night. Scientists speak of time as they do of space, as something which has no real existence. Nevertheless the appreciation of time, as Karl Pearson pointed out, involves in its essence both memory and thought—in other words consciousness.

With this understanding of the meaning of sleep it seems to me that we can realize the activities of the day in terms of activity in relation to this material world, especially in terms of adjustment to our surround. In sleep we are shut off from our surround, and Nature is wholly occupied in creating again a unit organism independent of the world. We may indeed like to think that in sleep we make contact with eternity, still conscious of time!

If we accept this view of sleep we can put it to a sufferer from insomnia that the brain has its set task at night. Its task is integration. To achieve its object it requires detachment from surround, and sleep, as such, is not all-important. Such a statement as this may bring immediate relief to a sleepless patient, and by itself may be sufficient to determine sleep. There are some who fail to sleep by trying too hard to win it. It is common knowledge that a reflex act may be prevented by conscious reinforcement, and that a man who wants to sneeze in order to get half-a-crown offered him if he sneezes may fail to sneeze, even if he sniffs pepper or snuff. It may be noted, too, that some people require little sleep. There are many people, and often persons of great intellect, who require less than five or six hours' sleep. The sufferer from insomnia may be one of these. He or she may, in fact, have made a wrong diagnosis of the state, may be sleeping as long as he or she requires, and may not be suffering from insomnia at all.

Suppose, however, that the patient is one whose sleep is, in fact, too short, and who accepts the proposition that long hours of sleep are not a paramount necessity, provided more or less complete detachment is secured from the day that is past and the day to come, the question may well be put, "How is this detachment to be achieved?" The answer is simple, even though action based on the advice given is difficult to pursue. In the first place it should be made plain to the patient that sleep is not simply a time of rest and repose. The brain has work to do and requires energy to do it. A man who is tired out may be unable to sleep because he is overtired. First see to it, therefore, that extra rest is prescribed and over-fatigue recovered from. In the second place remember that sleep is a reflex and to an extent a conditioned reflex action. Night-workers may suffer from sleeplessness because they must sleep in the day though accustomed to sleep in the night.



It is customary nowadays to decry routine work in terms of monotony, but at least it is natural. Night follows day with complete monotony, and the seasons of the year follow the same succession year by year, and so far as we know for ever and ever. But when a working man's shifts are switched from day-work in one month to night-work in another month in whole or in part, an unnatural rhythm is introduced into his life, which may be enough in itself to determine insomnia. To explain this to a man may make the matter simple to his understanding. He may have thought he should sleep when he is tired, and because he does not sleep even though tired, he may think he is ill. A simple explanation of sleep based on a knowledge of Ivan Pavlov's work on conditioned reflexes may give such a man just that peace of mind that turns the scale and determines sleep. It may be worth while, too, to remind a man that he is no simple mixture of brain and soul, but that he is body too, and belongs to that great order of events and things that we call Nature. He may do well to take a tip from Nature. He may be reminded that the sun does not of a sudden shine in a noonday setting, that the dawn precedes the day and that there is dusk before night. It takes time for the lowered blood-pressure of night to reach the stable level of the normal pressure for the day. And yet how many just dash into the day's work, and how many work till bedtime and expect to sleep at once. We human beings are, indeed, a part of nature, influenced no doubt by time and tide, by light and darkness and the seasons of the year. Our bodies keep pace with time, even though our conscious selves are not aware of its passing. Those who suffer from insomnia should be regular in their habits. They should go to bed at the same time every night (with occasional exceptions which Nature in its cataclysms allows), for by this means they will give a conditioned reflex, so far as it concerns sleep, full play.

We should lead up to sleep by some ritual regularly performed. This ritual at its best involves body, mind and soul in its performance. It is for this reason that prayer has satisfied human nature for centuries of time. The body takes a kneeling posture, the mind concentrates on something greater than the world has knowledge of, and the soul is satisfied in aspiration and registered intention. It is too much for some to stomach, and it is almost outside a doctor's province to speak of prayer. But a doctor can prescribe two deep breaths before an open window for his patient, or by some simple physical exercise regularly performed the arms and legs are moved in rhythm, the mind is concentrated on the exertion, and the idea of benefit to his health will fill his soul with joy. For others a more intellectual formula

may close the day. I confess to the possession of a simple mind and find an evening paper soporific. It has the great advantage of containing the same news every evening, the various items are always to be found in the same place on the page; the only variation is in the names of those who have unhappily been killed or drowned, or in the latest futility of whatever government is in power. Others read the football or the racing news, but whatever it is matters so little that the reading becomes just a pleasant ritual. And so we close the day; sufficient unto the day is the evil thereof; peace reigns, perhaps sleep follows, or at least complete detachment. By mind-training a man can learn to retain this detachment, not against all intrusion, but certainly against many a disturbing thought, by repeating poetry or prose in wakeful hours, by walking in imagination over familiar country or by thinking of things that are more satisfying to the soul than to the body. Lastly, in the same connection, I have no doubt that some simple ritual or ceremony to open the day keeps the mind balanced on an even keel, and conduces to sleep at the close of the day. Morning prayers for the household belong to this order of events.

And for those who fail to conjure sleep there is this satisfaction—that Nature demands some relation between the hours spent horizontal and hours spent erect in every year or more. I am increasingly convinced that many people lose not only power of sleep, but also health, because the hours spent horizontal are too few. If Nature demands for a man's body that it should spend 8 hours horizontal in every 24, that body will suffer if it is only given 7 or  $7\frac{1}{2}$  hours horizontal in the 24. It will lose 150 to 300 hours in a year. It will suffer from over-fatigue, which may show itself in sleeplessness, or it may suffer in consequence from some disease which will put it horizontal for that length of time that is needed to make good the deficit of horizontal hours. The patient who cannot sleep will find some satisfaction in the knowledge that lying still and horizontal is securing needful rest and, if he can at the same time secure detachment from the world's surround, he may be satisfied with little sleep.

If some of the foregoing is accepted as approaching truth, sleep will be seen to be a function of the brain, and the refreshment of a peaceful sleep will be realized as the result of a normal function perfectly performed, rather than due to the passage of some time of doing nothing. Anything which disturbs a peaceful sleep spoils the advantage of it, for, as Shelley said, "We rest—a dream has power to poison sleep"; and the next line, "We rise—a wandering thought pollutes the day". To order sleep we may have to order the working of the day. To deal with insomnia thus requires

attention to the structural state of the body, an appreciation of its working and, maybe, some considerable understanding of the adjustments of the mind.

GEOFFREY EVANS.

## THE APEX-BEAT.

**T**HE teaching of medicine and the interchange of clinical experience in a medical school produce, among other things, one very valuable result. Ideas and statements of fact, however long-standing they may be, are being brought continually under critical review. The exact definition of, and the method of localizing, the apex-beat are problems which from time to time produce a certain amount of controversy.

There are, in cardiology, two supremely important questions which in every case must be decided before any deduction of any value can be made. They are, "Is there heart failure?", which in other words may be stated, "Is there shortness of breath?", and "Is there organic myocardial disease?", or, in other words, "Is the heart enlarged?".

It is upon the second of these two questions that stress is laid in the present communication.

If the heart is enlarged by dilatation the apex-beat moves out towards the axilla. If the heart is enlarged by hypertrophy the apex-beat moves downwards away from its base.

It is thus evident that an answer to the question, "Where is the apex of the heart?" must be sought carefully in every case.

Three methods are available to determine this—palpation, percussion and radiology. The last of these three is the most scientifically attractive. Its advantages are that a permanent record can be made, and that this record, provided the radiological technique is perfect, is a convincingly accurate one. Its disadvantages are that it is expensive, cumbersome, and not easily portable from patient to patient by a busy practitioner. Furthermore, except in a few cases it does not add to the knowledge which can be otherwise obtained by history, physical examination and electrocardiography.

It is rare for the results of careful palpation and percussion not to be confirmed accurately by the radiograph.

Palpation of the apex-beat must be done carefully and conscientiously. It is not enough to lay a hand lightly over the præcordium and to feel that honour has

been satisfied. An exact localization of the apex-beat must be sought, at first by holding the palm of the hand firmly and flat over the præcordium, and then by placing the tips of the fingers in the thoracic interspaces. The fourth, fifth and sixth spaces must be examined one after another, and should circumstances so suggest, other spaces as well. In this way that spot is demarcated *farthest downwards and farthest to the left where the cardiac impulse against the finger can be definitely felt*. The apex-beat must be defined in a soft interspace, for the impulse of a forcibly acting heart, transmitted through a rib, may not only be impossible to localize, but may be vaguely felt considerably to the left of the true apex-beat. The maximum impulse is not the apex-beat. This can best be proved by a *reductio ad absurdum*; for it not infrequently happens, when the right ventricle is hypertrophied, that the point of maximum impulse is in the mid-line and in the epigastric notch. To call this the apex-beat is manifestly foolish.

It sometimes happens that the presence of fat or of emphysema renders the definition of the apex-beat difficult or even impossible. Under these circumstances percussion must be used to define the outer lower left border of the heart.

To be reliable, percussion must follow the following rules: the pressor finger must be laid flat and very firmly on the chest; it must be struck sharply and at right angles by the percussor finger; the wrist of the percussing hand must be kept loose.

In all cases where palpation or percussion seem to give a doubtful finding, the result should be confirmed two or three times by marking the suspected apex-beat with a blue pencil, and by repeating the palpation or percussion with the eyes closed or averted. The reason for attempting to obtain a result to the nearest quarter of an inch, if possible, is that a slight increase in heart size is of the utmost practical importance in diagnosis, in prognosis and in planning treatment. An enlarging heart, from dilatation, is a failing heart.

Having localized the position of the apex-beat on the chest-wall, it becomes necessary to measure its exact position. There are two main methods of doing this. Either the apex-beat is measured from the mid-line of the chest, or from the left mid-clavicular line. Each method has its votaries, and each method alone is inadequate. The "mid-line" school lay themselves open to the criticism that since thoraces vary in size during life, and from patient to patient, it is difficult to know whether any specific figure, for example—3 in. from the mid-line—represents a small, a normal or an enlarged heart. The mid-clavicular line school generally base their reading on guesswork. Substantiation of this remark is found in the fact that the usual explanation

of their method is as follows: "You obtain the mid-point of the clavicle by measurement, and then you drop a perpendicular from it, and measure the apex-beat's position from this." Since the so-called perpendicular is not a perpendicular to anything else within the field of vision, and since the dropping of it is a vague and curious procedure, dependent upon the personal predilections of the dropper, it is obvious that the method is inaccurate. It is rare to find that the mid-clavicular line school have ever accurately measured the apex-beat's position with reference to the mid-clavicular line, this latter being regarded as a strict scientific anatomical position. The reason usually given is, "Since the exact definition of the apex-beat itself is open to wide experimental error, it is not worth while exactly defining the line from which it is to be measured". Which, being interpreted, is the same as saying, "Since we already have an error of 10% in our calculation, let us make it 20% for luck!". A more logical procedure would be not to attempt to measure the apex-beat position at all, but to trust in divine inspiration.

The best result may be obtained by combining the virtues of each school of measurement, and by discarding their vices. The procedure is as follows, a blue pencil being used for every measurement:

- (1) Localize the apex-beat.
- (2) Define the mid-point of the chest at the level of the apex-beat.
- (3) Measure this distance (*e.g.*  $3\frac{3}{4}$  in.).
- (4) Localize the two ends of the left clavicle.
- (5) Measure accurately the clavicular length and mark by exact measurement the mid-clavicular point.
- (6) Define the mid-point of the neck at the level of the mid-point of the clavicle.
- (7) Measurement of the distance between the mid-point of the neck to the mid-point of the clavicle (*e.g.* 4 in.) gives the position of the mid-clavicular line. It is thus obvious that in this case the apex-beat is  $\frac{1}{4}$  in. within the mid-clavicular line.

All subsequent measurements, provided that the patient does not grow, can be made from the mid-line, and stated as such, or in terms of the mid-clavicular line.

There is in medicine no room for vagueness, and where an exact method of useful mensuration is available it must be used.

GEOFFREY BOURNE.

## A VISIT TO THE ACCIDENT HOSPITAL, VIENNA.



THE Vienna Accident Hospital is the home of Dr. Lorenz Böhler's world-famous fracture clinic.

It is here that by years of patient observation and careful recording of results a system of treatment of fractures is being built up whose basis is the logical application of the facts of anatomy, physiology and pathology. Every year it is visited by several hundreds of surgeons and students, and having been acquainted with it through films shown during a course of lectures on fractures at this Hospital, I spent a few days there during a visit to Austria. Though the time was short, we were shown enough to understand something of the principles on which treatment depends and of the efficiency with which it is carried out.

The hospital stands on the north side of the Danube Canal, by which boats may reach the heart of Vienna from the great river itself, which skirts only the fringe of the city. It is built of grey stone with a red tiled roof, and is of impressive modern design. Standing out from the neighbouring buildings because of its height, its colour and straight lines are in harmony with the colours and the close rows of ornamented windows which surmount the north bank of the canal.

On the fifth floor is situated the fracture clinic; its various rooms open from a long white corridor, on benches at one end of which sit old and new cases waiting to be seen, many having some part of their anatomy encased in plaster, with a few details marked on the outside of the cast in indelible pencil. They are seated near a door which leads into a room marked "Admission and X-ray", and into this room patients are first taken. To the left of this room, and opening into it, is the X-ray room and dark room, while on the right it communicates with an operating theatre. This latter is separated from a second theatre by a sterilizing room containing two sterilizers, one of which is in communication with each theatre by means of sliding glass panels in the dividing walls. Further to the right again is the laboratory, and beyond this lie some of the wards, other wards being situated on different floors. The part of the corridor in which patients sit is shut off by a partition from the part on to which the doors from the theatres open, and a second partition separates the latter part from the wards.

Such an arrangement greatly increases the ease and celerity with which patients can be treated: there is no necessity for an injured man to be conducted to a distant part of the building in order to be X-rayed; he is simply led or wheeled into the next room, where



the exposure is made and the negative developed in a few minutes. The diagnosis being made, he can be appropriately treated, if necessary in a fully equipped operating theatre next door, or he can be admitted.

I had been informed that work in the clinic commenced at 7.30 a.m. on Monday, Wednesday and Friday, and that I could come at that time to watch operations till 11 o'clock, when the ward round commenced. On the remaining days X-ray demonstrations would be held from 9 to 11. These words, uttered in good English in matter-of-fact tones, filled me with consternation, for I found it hard to imagine myself at the hospital at the early hour of 7.30; but then breakfast is not taken seriously in Vienna. However that may be, 7.45 next morning found me entering the hospital, bearing up on the traditional coffee and rolls.

In the admission room a patient with a fracture of the lower third of the radius was undergoing treatment. He was lying on a table, and under local anaesthesia traction was being applied, the two X-rays of the injury hanging up against the window. The second, third and fourth fingers had been covered with mastisol and a piece of muslin bandage wrapped round them; the thumb was similarly treated, so that a good grip was afforded to an assistant who, grasping the fingers with one hand and the thumb with the other, was maintaining a steady pull; counter traction was supplied by a calico band attached to the wall and passing round the upper arm, which was abducted to  $90^\circ$ , the elbow being flexed by the same amount. Traction was kept up until, shortening overcome, a dorsal plaster slab had been applied from the elbow to the knuckles with accurate moulding till the plaster had set. By this time the arm had assumed a somewhat purple hue from the pressure of the calico band, but the patient seemed to suffer no discomfort. He was sent to be X-rayed and, the result being satisfactory, the cast was completed by a roller plaster bandage and trimmed.

In a theatre, using a similar technique, which is standard for most injuries between the elbow and phalanges, an old Colles's fracture was being repositioned; the injury was fourteen days old, but 2% novocain was again used locally, though with less effect than in the first case, judging by the patient's expression. But this did not interfere with the operation, and indeed the patients in general, mostly robust workmen, showed a Spartan endurance of pain.

A very striking feature of the work was the unlimited patience and the care lavished on the cases; nothing was unduly hurried. In order to overcome spasm and shortening steady traction would sometimes be kept up for five or ten minutes on end, the operator sitting by, watching and waiting. Then after careful manipu-

lation and moulding a plaster cast would be applied, exactly fitting and neatly shaped. If X-rays showed the position to be even a little imperfect, there was not the least hesitation in removing the cast and starting again. Time, indeed, seemed of no account, and released from the grip of the universal desire to hurry, the artist was given a free hand. By such exact repositioning and adequate fixation, allowing the maximum of movement at joints, are curtailed the long weeks of after-treatment which not only cost time and money but saps the patient's *morale*.

A case in point was a fractured second phalanx with backward displacement and angulation of the head on the shaft. Using local anaesthesia, and after careful manipulation, a light strong cast was applied to the finger, but an X-ray showed that a trace of angulation remained. Without hesitation the cast, a work of art in itself, was removed and the procedure repeated. A further X-ray was taken and showed exact alignment, the dorsal edge of the phalanx appearing absolutely natural.

It seemed to me that the routine use of local anaesthesia was a potent factor in dispelling the atmosphere of hurry, since anaesthesia can be continued almost indefinitely without harm to the patient, and it allows ample time both for the manipulations and repeated X-rays necessary for the exact reduction and fixation of fractures.

The routine with regard to wounds is interesting. If the case is seen within eight hours of the injury the wound is carefully excised and dirty broken bone-ends scraped; the skin alone is sutured, and no attempt is made to set the open fracture through the wound. After suture an open fracture is treated as a closed one. If much muscle is damaged a drain is brought out through a fresh incision; but apart from this and the suture of divided nerves, all buried sutures and foreign bodies are strictly avoided. Little reliance is placed on antiseptics, which are used mainly to sterilize skin before a surgical incision; they are regarded as more irritating to the tissues than lethal to organisms, and asepsis is aimed at by the excision, which also practically replaces anti-gas gangrene and anti-tetanic sera. If a wound is seen after the time limit it is cleaned up, but left open.

A man came in with a severe cut on the forehead, which was excised under local anaesthesia. A small vessel was divided and spurted repeatedly, but it was not tied, the skin being sutured over it and a firm dressing applied to prevent a haematoma forming. In another case the tip of a finger and the terminal phalanx had been damaged and the wound was excised with a tourniquet round the finger. When this was released the field was flooded with blood, but again the skin was sutured with silk and a firm bandage applied.



At 11 o'clock the ward round started; it was full of interest, but one saw so many cases in the course of a few hours that only general impressions remain. Of these the most striking was the exposure of nearly all wounds to the air: for me, brought up to believe that every wound must have its sterile dressing, this was nothing short of revolutionary. In the case of clean wounds there was a window cut in the plaster, or else a wire framework was arranged so as to prevent contact with anything but the air. Some were suppurating wounds; drainage incisions had been made where necessary and rubber drainage-tubes inserted, and the damaged limb, usually kept at rest in plaster, was suspended over a bowl in which the pus collected. In this way pus drained well, the wound was kept as dry as possible and there was hardly any smell; the surrounding skin remained healthy instead of becoming soggy and macerated, as may happen when the dressing becomes soaked, and the granulations were not damaged by repeated application of dressings. It appears that clean wounds become infected no more frequently by this method than by the use of dressings.

The constant use of Braun's splint for the leg and the abduction splint for the arm was noticeable; these splints maintain a good position of the limb both from the point of view of circulation and muscle relaxation. Skeletal traction, mostly by Steinman's pins, was a much used form of traction, though adhesive plaster, Unna's paste and wire played their part.

Everywhere devices for exercising were much in evidence; rings, weights to be carried on the head and various pulley devices were among them. By the use of such apparatus, walking, and various gymnastic exercises, active movements of all the muscles are carried out, for this constitutes one of the three great principles of treatment; even muscles having both their attachments firmly fixed are made to contract isometrically and so remain healthy.

No account of this clinic would be complete without some mention of the X-ray demonstrations, which play a part of great importance in its routine. On Tuesdays, Thursdays and Saturdays the entire staff and visitors assemble in a small room to examine and discuss all the X-rays taken since the previous viewing. For two hours all eyes are intent on a large viewing box, before which the senior surgeon present is seated; as the X-rays are placed on it he examines them minutely, sometimes with the aid of a large magnifying glass, which can be swung into any desired position; accurate measurements of lengths and angles are taken and recorded, the progress of the case is discussed, and future treatment decided upon.

In this way all the cases of fracture which pass through

the clinic are repeatedly reviewed; mistakes and their causes are well brought out, and arrangements for operations are made.

Such an account of the Arbeiter Unfall Krankenhaus illustrates the fact that a visit is well worth while, if only to learn that the methods of treatment of this country are by no means universal. Lest the foregoing description should seem to pretend that good results can only be obtained by the methods described, let this quotation from Dr. Lorenz Böhler's book, *Fractures and their Treatment*, speak for itself: "These three principles (correct replacement, maintenance of the correction till bony union has occurred and the functional restoration of movement) always hold good and should never be neglected. . . . It is possible to accomplish them in different ways, and if they are carried out good results will always be achieved."

C. J. LONGLAND.

### DAILY PRACTICE IN LONDON DURING THE EPIDEMIC OF 1665.\*



“ I THINK it not amiss to recite the Means which I used to preserve my self from the Infection, during the continual Course of my Business among the Sick.

“ As soon as I rose in the Morning early, I took the Quantity of a Nutmeg of the Anti-pestilential Electuary; then after the Dispatch of private Concerns in my Family, I ventured into a large Room, where Crowds of Citizens used to be in waiting for me; and there I commonly spent two or three Hours, as in an Hospital, examining the several Conditions and Circumstances of all who came thither; some of which had Ulcers yet uncured, and others to be advised under the first Symptoms of Seizure; all which I endeavoured to dispatch, with all possible Care to their various Exigencies.

“ As soon as this Crowd could be discharged, I judged it not proper to go abroad fasting, and therefore got my breakfast: After which, till Dinner-time, I visited the Sick at their Houses; whereupon, entering their Houses, I immediately had burnt some proper Thing upon Coals, and also kept in my Mouth some Lozenges all the while I was examining them. But they are in a Mistake who report that Physicians used, on such occasions, very hot Things; as Myrrh, Zedoary, Angelica, Ginger, &c. for many, deceived thereby, raised Inflammations upon their Tonsils, and greatly endangered their Lungs.

\* From *Loimologia*, by Nathaniel Hodges, M.D., F.R.C.P., who remained in the City during the whole time of the outbreak.

"I further took Care not to go into the Rooms of the Sick when I sweated, or were short-breathed with Walking; and kept my Mind as composed as possible, being sufficiently warned by such, who had grievously suffered by Uneasiness in that Respect. After some Hours Visiting in this Manner, I returned Home. Before Dinner, I always drank a Glass of Sack, to warm the Stomach, refresh the Spirits, and dissipate any beginning Lodgment of the Infection. I chose Meats for my Table that yielded an easie and generous Nourishment, roasted before boiled, and Pickles not only suitable to the Meats, but the Nature of the Distemper; (and indeed in this melancholy Time, the City greatly abounded with Variety of all good Things of that Nature) I seldom likewise rose from Dinner without drinking more Wine. After this, I had always many Persons came for Advice; and as soon as I could dispatch them, I again visited till Eight or Nine at Night, and then concluded the Evening at Home, by drinking to Cheerfulness of my old favourite Liquor, which encouraged Sleep, and an easie Breathing through the Pores all Night. But if in the Day-time I found the least Approaches of the Infection upon me, as by Giddiness, Loathing at Stomach, and Faintness, I immediately had Recourse to a Glass of this Wine, which easily drove these beginning Disorders away by Transpiration.

"Yet in the whole Course of the Infection, I found my self Ill but twice; but was soon again cleared of its Approaches by these Means, and the Help of such Antidotes as I kept always by me."

D. A. H. M.

### "DENTISTS."

**I** DO not really dislike my dentist, although I realize that he has morals comparable with the man I sent up on the roof last summer to mend some tiles and who took good care to provide himself with work for the winter on the way down. Nor do I despise him for his golden rules to acquire good teeth, such as "See me twice a year" and "Think before you speak", which are really golden rules for acquiring golden teeth. No! I do not depise him, nor hate him, for he has that gentle and suave manner which all dentists should.

So this year when I was in America I was rather pleased that I had to go to a dentist once again. In America I did not expect the gentle and suave manner, but I was looking forward to something advanced in dentistry.

Now Dr. Marx was recommended to me by one of

Philadelphia's leading specialists, and I found his door twenty stories above the street in the professional building. On the door was written,

"DOCTOR MARX.  
WALK IN."

I walked in.

There was no waiting-room. The dental chair was before me; and there was Dr. Marx fast asleep in his own dental chair. His large teutonic head lay in sweet repose; and his hands were complacently clasped about his vast teutonic belly; and he was snoring "fit to snore his head off". The chair was an old-fashioned affair, covered in red velvet. It squeaked and creaked with each vast upheaval of its occupant's body.

"Dr. Marx, I believe," I murmured.

"Dr. Marx, I believe," I said.

"Dr. Marx, I believe," I repeated.

"Dr. Marx," I shouted.

"Dr. Marx," I bellowed.

"Dr. Marx," I roared.

Eventually he awoke. Now I will pass over that great awakening without any description, because no man is beautiful, caught in such private moments as these. He smiled good-naturedly, and pointing towards the now vacant chair said, "Sure I'll fix it".

Now old men's hands usually shake, and Dr. Marx was a very old man. He had a fine white beard, as a token of his age. It is no ordinary experience to see a dentist's drill describing circles, ellipses and simple harmonic motions in front of one's eyes before it finally plunges into one's mouth. But some divine spirit seemed to guide the hand of Dr. Marx, for every time, with the accuracy of an expert though drunken dart-thrower in some village pub, he succeeded in putting the drill right into my mouth. And not only that, but he more often than not found the bull's-eye in my molar. The occasions on which he removed a bit of tongue or gum were so few that it would not have been fair to have judged his marksmanship on these pieces of sheer misfortune. The cleverness of the thing to me was the fact that he was not a bit embarrassed by my state of obvious nervous excitement. Soon, however, Dr. Marx pushed the drill back and began to see what he could do with a probe. For awhile his hand dithered within my mouth, and then suddenly I felt a tremendous pain all over my body and leapt quite three feet into the air. When I had subsided Dr. Marx said, "That's the spot I guess".

I answered that I guessed it was; but this did not deter Dr. Marx from continuing to probe. Once more I leapt high into the air.

"That's the spot, I guess," he remarked casually, and I answered again that I guessed it was.

Now, as a matter of fact I had become very certain that it actually was the spot; but unfortunately for me Dr. Marx was still in the realms of guess-work; so he continued to probe. He found the spot quickly, and once again I made the appropriate move toward the ceiling. As I descended into the chair for the third time he said triumphantly and with decision, "Sure, that is the spot".

He then proceeded to gaze out of the window, as dentists do, and exclaimed, "Why! I'll have to make an extraction".

I have always had a certain horror of what I prefer to call tooth-drawing. So perhaps I paled somewhat, for Dr. Marx immediately became a great comforter.

"Maybe you had better have some cocaine," he remarked kindly.

I was quick to agree that maybe I had. Accordingly the cocaine was administered; and then, while we were waiting for it to soak in, as he crudely expressed it, he produced a pair of the most gruesome-looking forceps I have ever seen. These he flourished in front of my face, exclaiming, "Do you see these forceps?".

Unfortunately I could not help seeing the horrid things.

"Whal," he continued, "I don't doubt these are the most efficient tool of their type in the States, nay in the whole world. They have been in use now for forty years. Forty years ago I designed them and had them made; and I don't mind admitting I'm mighty proud of them. Why! if these forceps have made one extraction, they have made hundreds, nay thousands with each tooth in just such a similar position as yours."

So saying he pushed them into my mouth and laid hold of my molar firmly. His eyes sparkled with the light of battle and he started what were apparently only preliminary manoeuvres. First of all he tried to lever the tooth out by leaning backwards, using his ample belly as a fulcrum. This was not a success, for my head was not rigid, and when he held it with his left hand he could not lean back, and in the end, when he had ordered me to keep still, the fulcrum was no longer rigid. Then he started to tug viciously and dance around. And what did I do? Why! I got up and danced around too. It was a fine dance, a passionate dance, a spirited dance. At one moment we would embrace one another fondly; then separate; dance around; courtesy over the chair; then another whirl and another embrace. All the while Dr. Marx had a firm grip on my tooth; but my jaw had a firm grip on my tooth too; and I, in my turn, was doing my utmost to keep a firm grip on my jaw. The dance continued tenderly passionate and beautiful, and my only fear was that it would last well on into the evening. But in fearing this I had overlooked one

factor, Dr. Marx's foot, which was now placed firmly in the centre of my chest. He put both hands to the forceps and straightened his knee. Something had to give; so quite suddenly and magnanimously my jaw gave up the tooth. I found the result somewhat startling, for I shot across the room like a catapulted stone, smashed a window with the back of my skull, and collapsed into a crumpled heap on the floor. Dr. Marx had evidently performed the experiment before, because as far as he was concerned it was amazingly successful. He sank back quietly and with all the grace of which he was capable into the dental chair. There he started to mop his brow and gaze with pride and admiration at those wonderful forceps. Then he dosed off into what was only a fitful slumber, for as soon as I showed signs of recovery he jumped up and said, "I guess that will be a couple of bucks for fixing the tooth, and one for the window. Three in all unless you think it is worth more".

I gave him the three dollars and felt quite pleased. The suave and gentle manner had been lacking, but he had at least got to the root of the matter.

Then as I left the room I slipped my finger into my mouth. He had taken out the wrong tooth. I continued on my way all the same.

G. E. LOXTON.

## "THE OLD ORDER CHANGETH."

"A certain cure for toothache is to get a prepossessing young woman to lay her cheek against yours on the side where the pain is" (Dr. Isaac Fletcher in the *Daily Express*).



IN early times man's spiritual wealth,  
Was counted largely by his health.

The evil act, the wicked whim,  
Like boomerangs returned to him.

The doubtful word most surely brought  
A welt, a whitlow or a wart

(Degrees of guilt you recognize  
That govern quality and size).

The greater did the culprit err,  
The more severe the sanctions were.

Later on we came to see  
That illness held us all in fee.

God gave science to our aid  
That tracked the germs that illness made,  
But now the course of evolution  
Affects once more the constitution.

Love and beauty supersede  
The doctor's scientific creed.

The charms of Botticelli make  
A certain cure for belly-ache.  
Keats beneath the head at night  
Will banish sleeplessness outright.  
A lovely face beside your own  
Will kill the pain that made you moan.  
So now man's spiritual wealth  
Is truly governed by his health.

P. B.

## CLINICAL METHODS.

### NURSING OF COLOSTOMIES.

Colostomies in our wards have been performed for the following conditions:

- (1) *Cancer of the rectum and anus:*
  - (a) In operable cases.
  - (b) As a preliminary to perineal, combined perineal and abdominal excision, or before treatment with radium.
  - (c) For acute obstruction.
- (2) *Diverticulitis:*
  - (a) With obstructive symptoms.
  - (b) With pelvic abscess.
  - (c) With vesico-colic fistula.
- (3) *In some cases of severe ulceration of the rectum.*
- (4) *In rare instances for imperforate anus and tuberculous fistula with incontinence.*

#### *Preparation of Patient for Colostomy.*

In the absence of obstruction patients are usually admitted on Thursdays for operation on Mondays, and put on a light diet with a liberal addition of glucose and barley sugar, and given paraffin 1 oz. *t.d.s.* for the first three days.

On the night of admission H.S.Co is given, 1 oz. to women and 1½ oz. to men, and this is followed by a soap enema if the result is considered unsatisfactory. On the Saturday night castor oil in doses as above is given.

On Sunday an enema, or two if necessary, is given, followed by a preparatory bath and shave.

A fluid diet is given on Sunday with plenty of glucose. On Monday morning an enema is given at 5 a.m. Tea and toast at 6 a.m. Eight ounces of orange-juice sweetened with glucose at 10 a.m., and nothing after. Operation at 2 p.m.

#### *The Operation.*

*Site for colostomy.*—In most cases the colostomy is performed through the middle of the rectus muscle just below the umbilicus, which is found to be the best position for the comfort of the patient when wearing a colostomy belt.

When the colostomy is carried out as part of, or preliminary to an abdomino-perineal excision, the inguinal region is chosen so that the colostomy is remote from the mid-line abdominal incision.

Precautions are taken to ensure that the bowel is not rotated when brought up into the wound.

When, as happens occasionally, the lower opening on the abdomen is proximal in the colon this should be explained to the patient, so that mistakes are not made with regard to the wash-out after he leaves hospital.

*Spur.*—A glass rod is inserted at the time of operation through the mesentery, and a rubber tube is fixed on either end to prevent it slipping out. The rod is kept *in situ* for from two to three weeks to ensure a good "spur" or efficient barrier between the two openings which will prevent faeces from passing over into the rectum or blind end, as the case may be.

*Dressings.*—The wound is dressed with gauze soaked in flavine 1:1000 and paraffin. The gauze is packed around and under the glass rod, and is usually left untouched until the colostomy is opened. The patient is placed in the Fowler position.

*Distension.*—An ounce of paraffin is given daily to enable wind to be passed freely either with or without the aid of a rectal tube. If

wind is not passed freely a rectal tube is passed, if necessary, 4-hourly. If the patient complains of abdominal distension a small turpentine enema is often given, and in exceptional cases pitressin (½ c.c.) is given half an hour before the enema. With these measures the patient can and often is kept comfortable and free from distension for five, six or seven days. This allows the wound to heal thoroughly.

If in spite of the above, relief of wind is unsatisfactory and distension is present and continues to cause discomfort, the colostomy is opened without further delay.

*Diet.*—A liberal fluid diet is given for the first two days, followed by a light diet of fish, mince, custards, jellies, and a little crustless bread and butter until the colostomy is opened.

*Opening of the colostomy.*—This is done in the ward with the cautery without removing the dressing round the bowel. A transverse incision is made across the mid-point of the exposed bowel. This is a very simple procedure, quite painless and usually bloodless, if the cautery is not made too hot. Flavine and paraffin dressings are continued. No aperient is needed. A wash-out is given the same day if the wound has healed, or delayed according to circumstances.

*Stitches.*—Stitches are removed on the eighth to tenth day.

#### *Wash-out.*

All the cases are given a wash-out daily if possible at the same time each day. The best time is after breakfast. When the rectum has not been removed the lower end is washed out to keep the rectum clean and also to get rid of any discharge or blood from the area of the growth.

After a perineal excision the lower end is blind, and needs a gentle irrigation occasionally to wash out mucus and to prevent it getting inspissated, and to remove any fragments of faeces that may have got in inadvertently. This is not done before 28 days after operation.

*Apparatus.*—Douche-can, tubing connection, rubber catheter No. 10 or 12. Kidney dish, mackintosh, bucket. Soap-and-water solution.

*Method.*—Patient lies on the back, a little to the left side, propped up with pillows, well protected from draughts. The douche hangs from a hook 3 ft. or so above. Two pints of a warm soapy solution are run into the upper end as a rule, although sometimes much more is required to get the colon empty; the lower end is then washed through with saline or sodium bicarbonate (a teaspoonful to the pint). When this is being done the lower wash-through acts as a reflex stimulus to evacuate the upper bowel. A little gentle massage quickens the evacuation. The first wash-out may cause some pain and perhaps nausea. This performance takes, on the average, about an hour, but later on is usually completed in half an hour, and sometimes in less than that. Cases vary considerably in this respect.

A convenient method for the wash-out is to obtain a large piece of soft rubber sheeting, cut a hole to fit round the colostomy and gutter it into a bucket; or for those who can afford it, a colostomy "horn" can be used; this is strapped on at the wash-out time and covers everything up. Private patients often have a special sink for the purpose. Patients are taught to conduct their own wash-outs before leaving hospital, and the importance of regularity is explained. They are taught to adopt the same time after breakfast every morning, the same position and same amount of water. Some patients find the evening when the day's work is ended most convenient. Soap need not be used when regularity has been established. It is a good idea to put a small pledget of gauze over the lower end to prevent anything getting in. This is also a wise precaution at night. In rare instances patients find that, when the regular habit has been established, the colostomy will act after a time by itself at the usual time; in these cases there is no necessity for the daily wash-out.

#### *Belt.*

Belts are measured for and have a rubber section over the colostomy region; a slightly convex celluloid disc is placed under the belt over the colostomy. This is worn by day. Bandage and dressing or a special webbing belt are generally employed at night. Cups are not advisable, because they encourage the evacuation of small amounts of faeces during the day which accumulate in the cup and cause great unpleasantness in every way. Frequently also fragments of faeces are sucked into the lower end.

#### *Diet.*

Ordinary diet may be taken but diarrhoea must be avoided. Care is taken to avoid eating anything which may excite an irregular action.

Patients soon learn what diet suits their colostomy best, and which articles of diet cause irregular action and must be avoided.



Aperients must be avoided if the daily wash-out is to be effective, and the bowel kept free from trouble for the rest of the day. If scybala appear in the wash-out, then a little paraffin is taken at night.

#### Complications.

In most instances colostomies run a straightforward course. In cases of acute obstruction when a Paul's tube is tied in, care is required to avoid the tube cutting out or getting blocked and leaking round the edges, and considerable care is required to keep the wound clean until healed. In non-obstructive cases, if a hæmatoma forms beneath the skin, sepsis is liable to occur. If the skin is sewn up rather tight around the bowel and oozing occurs from the muscle edges or the subcutaneous tissue, adequate drainage is prevented and a small collection of blood may easily be missed. Occasionally, if the opening in the abdominal wall is longer than necessary, a loop of small gut may prolapse alongside the colostomy. This is most likely to happen in stout patients when subject to bronchitis and coughing. The size of the opening should be large enough just to admit the index finger of each hand on either side of the glass rod. If there is less space than this, the spur may be kinked and the passage of wind hindered. The proximal end of the bowel is always tethered by a suture through the rectus which includes an appendix epiploica, and the skin is not sutured close up to the bowel, into which no sutures are passed. If the colostomy is carried out as described, undue prolapse of the colostomy is unlikely to occur, though this is a complication which is met with occasionally.

#### Attitude of Mind.

This operation is always dreaded by patients, because they think that they will be permanently invalidated and lose their independence. This is entirely erroneous. There are those who dance, swim, play tennis and golf, etc., without any inconvenience. Ordinary clothes can be worn, and women can wear the usual tight-fitting evening frocks with comfort and without fear or risk of detection. Palliative colostomies must be avoided as far as possible in the case of the extreme poor or those who live alone.

I am indebted to Sir Charles Gordon-Watson for his kind help and supervision of this article. F. M. J.

## STUDENTS' UNION.

### OFFICERS' TRAINING CORPS.

The activities of the O.T.C. during the last year have been so numerous that only a brief *résumé* can be given here. Since last year the Medical Unit has been reorganized, eight companies having been formed in place of the previous four. No. 1 Company is now composed entirely of officer-cadets from this Hospital. Sorry as we are to lose our connection with King's and London, we feel honoured to hold this position, and find it much more convenient.

At the beginning of last winter session we had a visit from our Commanding Officer, Col. Hope-Carlton, who delivered an interesting lecture on "Medical Services during War", and on January 18th No. 1 Company held a very popular "smoker" at the Cock Tavern.

Throughout the winter members of the O.T.C. indulged in shooting on the Hospital range. It is never the boast of a medical corps to produce as expert marksmen as the infantry units, but the Medical Unit miniature rifle team, in which Bart's men play a prominent part, acquitted itself well by being the runner-up in the inter-unit league shooting competition.

The usual course of instruction at the Army School of Hygiene took place in April. Of the five officer-cadets from the University of London three were from Bart's.

The duty of mounting a guard of honour is a privilege which seldom befalls an O.T.C. This year we were twice honoured. Twenty-five Bart's men took part in the Jubilee Parade, in which every unit of the O.T.C. was represented. The portion of the royal route lined by the O.T.C. was in the vicinity of King's College. After the parade each officer-cadet was given 2s. with which to celebrate the occasion, and a souvenir booklet containing photographs of their Majesties. The duty of mounting a guard for the Earl of Athlone, Chancellor of the University, on Presentation Day fell this year to the Medical Unit. Of the fifty who paraded, twelve were from this Hospital.

The contingent field day took place at Aldershot on May 18th. The Medical Unit established its headquarters in the vicinity of Norris Bridge, and erected two regimental aid posts and an advanced dressing station. We were very grateful to our late C.O., Col. Mitchener, for spending the day with us, and especially for his witty criticisms.

At summer camp this year the whole contingent, 900 strong, camped together on a plateau overlooking the sea at Dibgate, near Folkestone—an admirable site, with good bathing available, marred only by a shoal of jellyfish.

Much time was devoted to drill and lectures, and preparations for the "At Home" on July 20th. Physical training, drill sergeants from the Scots Guards and the At Home were the principal new features of the camp.

On the day of the At Home, July 20th, the sun shone through the clouds as the Hon. Major-General The Earl of Athlone, K.G., our Honorary Colonel, with H.R.H. Princess Alice, drove into camp. The Earl inspected the Corps on parade and took the salute during the march past. In the afternoon, which was fine beyond all expectations, a mimic battle, staged in a natural amphitheatre, known locally as the Arena, was witnessed by the Princess, the Earl and many other visitors. The fact that the whole contingent was at camp made the show very realistic, as the co-operation of infantry, survey, engineer, artillery and medical units in the field was well illustrated. There then followed several amusing demonstrations, including an action by the "Stinks" Battery, whose gun periodically ejected beer bottles, and an example of how not to pitch a tent by the Medical Unit.

After Princess Alice had presented the prizes three cheers were given for the Princess, followed by three for the Earl. The latter, during the course of his speech, congratulated the Corps on the number of cadets in camp and hoped the numbers would continue to increase. Speaking of the officer-cadets and the O.T.C. he said: "They are of the very greatest use to England, because if anything should happen—and God grant it may not—we have got something to call upon in any emergency."

The inspection of the Unit on the 24th was conducted by Major-General Hartigan, the D.G.A.M.S., who seemed to be very favourably impressed by the standard of efficiency displayed by the Medical Unit. His A.D.C., Staff-Major Reynolds, afterwards gave an informal talk on the R.A.M.C. to all interested members of the corps.

The Sergeants' Dance was held at the East Cliff Pavilion, Folkestone, on the 25th after the Certificate "A" and "B" Examinations. The dance was, as usual, a great success, and attracted a large number of Folkestonians, as well as members of the camp. At the Swimming Gala the O.T.C. team lost the water-polo match, but in other events beat the Folkestone Swimming Club by six matches to one. The Medical Unit won the Inter-Unit Relay Race.

On the 26th the Medical Unit set out on a route march to Folkestone Harbour, where methods of adapting the harbour and ships for the transport of sick and wounded during war were explained to us.

In conclusion we would like to congratulate L. L. Alexander on his promotion to regimental sergeant-major of the Medical Unit—a position which has not been held for many years by a student of this Hospital.

### BOXING.

#### CLINICALS & PRE-CLINICALS.

A Boxing Contest for the Orange Cup between a team of "clinical" and one of "pre-clinical" students was held in the Gymnasium at Charterhouse Square at 5.30 p.m. on November 4th. Prof. Woollard kindly officiated as referee, Mr. A. M. Boyd and Mr. G. C. Knight as judges, and Mr. Ward as M.C. The contest was organized by the officials of the Boxing Club.

The Orange Cup was originally presented by Dr. G. E. Griffiths, to be competed for annually between the "Orange Club", consisting of those members of the Hospital who lived at Winchmore Hill, and the Hospital Boxing Club. Now that the "Orange Club" no longer exists, Dr. Griffiths has kindly consented that his cup be the goal of an annual contest of Clinicals and Pre-clinicals.

There was an enthusiastic attendance. C. F. Bose and M. J. Harvey performed first, and Bose won after a close fight.

The next fight, between G. H. Darke and E. H. Rees, produced a whirl of activity with hardly a blow struck home on either side. Rees was very quick, but Darke made good use of his reach. It was Rees, however, who got the judge's decision.

J. W. Butt and D. G. Boyle came into the ring arm-in-arm and left it hanging round each other's necks. In the first round Boyle put his opponent down for a short count. After this Butt seemed very tired, and Boyle made good use of his advantage in weight to gain the verdict.

P. Goodman fought gamely against a big difference in weight in his fight with K. Friedberg, and in spite of a spirited final round just lost the fight, this being the first the Pre-clinicals had lost.

The match between D. G. Evans and T. P. Storey was a whirlwind affair, in which Evans's extra weight told in his favour and gained him the decision.

A. L. Thorner gained a well-earned verdict against H. Pearce, whose weakness in footwork allowed him to be knocked down on two occasions.

The next fight was a gladiatorial performance. Neither R. H. White nor J. D. Rees had any guard at all, and at one point the referee had to enter the ring to separate the fighters. It was surprising that either could stand at the end of this non-stop fight, and Rees got a close decision.

J. W. Perrott and J. W. G. Evans produced the best fight of the evening. Evans is the more skilful boxer, but Perrott is a most aggressive fighter. Evans was almost "out" on his feet at the end of the first round, having fallen through the ropes on three occasions. He recovered amazingly and fought back so well that he won the final round, but Perrott got the decision on the previous rounds.

In the next fight H. Bennet had to retire in the first round against H. Bevan-Jones with a broken tooth.

In the last match of the evening M. W. L. White's weight proved too much for J. R. O. Thompson, who, however, made quite a good fight of it.

The Pre-clinicals, therefore, won the Orange Cup for the first time in its new guise by 7 bouts to 3.

This was an excellent evening's entertainment, and was enjoyed by all present, including the boxers. In addition £5 2s. 6d. was collected for the College Appeal Fund.

#### ST. BARTHOLOMEW'S HOSPITAL V. U.C. AND U.C.H. BOXING CLUB.

A match was held against U.C. and U.C.H. at University College on Friday, November 15th, which resulted in a draw, each team winning four contests.

There were four Freshmen in the Hospital's team, three of whom, R. C. Bell, E. H. Rees and J. W. G. Evans, won their fights; the other, A. Sandiford, was giving away a lot of weight, but put up a very spirited performance.

J. J. Slowe won the other fight for Bart.'s. J. W. Perrott was unfortunate in having his eye opened in the first round, and had to retire.

C. F. Bose was beaten by a very aggressive opponent. He did not box up to last year's form, but this was due to lack of training. He should improve considerably before the Inter-Hospitals Contest.

T. P. Storey met a much stronger boxer in Gregory, the fight being stopped after the first round.

Matt Wells seconded the team in this fixture, and F. G. Ward acted as M.O. L. R. Taylor was time-keeper.

The results were as follows: Bell (Bart.'s) beat Montgomery (U.C.) on points; Rastungi (U.C.) beat Bose (Bart.'s) on points; Evans (Bart.'s) beat Nunn (U.C.) on points; Gregory (U.C.) beat Storey (Bart.'s) in first round; Rees (Bart.'s) beat Dick (U.C.) on points; Slowe (Bart.'s) beat Sandford (U.C.) in second round; Christian (U.C.) beat Perrott (Bart.'s) in first round; Allen (U.C.) beat Sandiford (Bart.'s) on points.

## CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—While reading *The People's History of Essex* (1861) by D. W. Collier a few days ago, I came across the following passage which may interest your readers:

"The scattered village of Hempstead is not, perhaps, so picturesquely situated as several other parishes in the Hundred, but it is holy ground—consecrated by being the occasional home while living, and the resting place when dead, of Dr. William Harvey, who was to that little world, man, what Newton was to the solar system. Hempstead Hall, which was anciently held of the honor

of Clare, was purchased about 1640, either by Dr. William Harvey himself, or his brother, Eliab Harvey, Esq., of the family long seated at Chigwell, and from which the late Admiral Harvey, the father of Mrs. T. W. Bramston, was descended. The hall was an old mansion, moated after the fashion of other days; and the doctor, whose reputation as a philosopher and an oracle in medical science had been established, made it at times his residence, as did other members of the Harvey family; but the house is gone, the gardens have passed away, and we can only trace its site by the remaining moat and one of the outhouses, which is now converted into a cottage. The man whose memory is associated with this spot, and whose grand and important discovery of the circulation of the blood has preserved his name to all succeeding generations in the front rank of the benefactors of mankind, was the eldest son of Thomas Harvey, of Folkestone, in Kent, and was born April 2, 1578. At ten years of age he was sent to the grammar school at Canterbury, and at fourteen he removed to Cambridge, with a view to the study of physic. At the end of five years he visited France and Germany and Padua, the great medical school of that time. Having been made a doctor in 1602, he returned to England, took that degree at Cambridge, and commenced practice in London in the following year. He was physician to James I. and Charles I., and a steady adherent of the royal cause. The following account of the doctor's rescue from death, as if by the special hand of Providence, is given by Aubrey in his 'Miscellanies', published in 1721:

"When Dr. Harvey, travelling with several others to Padua, went to Dover, he showed his pass, as the rest did, to the governor there, who told him he must not go, and kept him prisoner. The doctor desired to know the reason; none would he assign, but it was his will to have it so. The packet boat hoisted sail that evening very fair, and the doctor's companions in it. A terrible storm ensued, and all were drowned; the next day the sad news came to Dover. The doctor was unknown by name; but the night before the governor had a perfect vision in a dream, of Dr. Harvey, who came to pass over to Calais, and that he had a warning to stop him. This the governor told the doctor next day."

"The warning probably came from the government, in the belief that the doctor, as a suspected cavalier, was on an embassy to the fugitive king. His great discovery of the circulation of the blood was first broached in 1615, in the Lumleian Lectures to the College of Physicians, and matured and published in 1628. It startled the world. The old physicians refused to acknowledge it, and Harvey confessed that he found his practice fall off after its promulgation; but he lived to see its truth established and its importance admitted. He declined the presidency of the College of Physicians, but he built for that body a hall, a library, and a museum, and endowed the society with his paternal estate, he never having married. He died June 3, 1657, in his 80th year, and was buried in the retired little church here, on the north side of which is a chapel, with the vault and monuments of the family. The most ancient of these is a tomb of black and white marble, with a bust placed in a niche, over which is an arched pediment, and by the sides are Cupids in postures of distress, one of them holding in his hand a death's head. This is the tomb of Harvey; but as the visitor approaches with reverence

"The spot where buried genius lies,"

he is shocked by finding all about it in a state of sad decay. Not long since the sextant was stated to be in the habit of converting the vault into a show room, and rattling the bones of the great philosopher in his coffin for the entertainment of his audience. The publication of the fact put an end to this indignity to the illustrious dead; and there is some hope of the monument being restored, or the coffin transferred to some more worthy resting place. Upon the tomb is an inscription in Latin, of which the following is a translation:

"William Harvey, to which name all the universities pay the greatest veneration; who after so many thousand years first discovered the constant circulation of the blood, obtaining thereby health to the world, and immortality to himself; who alone rescued the birth and generation of animals from false philosophy; to whom mankind are indebted for the knowledge of medicine itself. Chief physician to King James and King Charles; diligent and successful professor of anatomy and surgery in the College of Physicians in London, for whom he erected and endowed, with his own estate, a magnificent library. At length, after labouring with success in his studies, in his practice, and in his discoveries, and after many statues had been erected both at home and abroad to perpetuate the memory of his extensive knowledge of the human body, died without issue on the 3rd of June, in the year of our Lord 1657, of his age 80, full of years and honour. We shall rise again."

"Another monument of white veined marble contains a number of inscriptions to other members of the same family.

"In contrast with the wise and virtuous, there is another memory connected with Hempsted—that of Dick Turpin, the notorious robber and criminal. He was born here, in the house, it is stated, which is now the Rose and Crown Inn."

I remain, Sir,

Yours faithfully,

DAVID BOATMAN.

St. Bartholomew's Hospital,  
E.C. 1.

P.S.—This information is specially interesting in view of the appeal by the Royal College of Physicians made in the *Lancet*, November 3rd, 1934 (p. 1011).

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—Having experienced the benefit to be derived from insuring with the Medical Sickness Annuity & Life Assurance Society, Ltd., Lincoln House, 300, High Holborn, London, W.C. 1, will you allow me, in your JOURNAL, to advise every medical practitioner and dentist to insure with that Society?

There are many medical men and women who do not know of the advantages to be gained by insuring against accident and sickness with the Society for a permanent contract, in preference to insuring with another company under an annual contract. The Society has been founded by medicals for the benefit of their fellow medicals with a Board of Directors consisting of doctors.

I am writing as I personally have been receiving sickness benefit during the last ten years. In 1925 I suffered from infective endocarditis, pulmonary embolism and other complications which prevented me from working. During the whole of this time, on the first day of the month I have received a cheque.

If I had been insured with another company under an annual contract I should have been paid for a year; then the company would not have taken on any further risk, and it would not have been possible to insure elsewhere.

I know of several medical men who have benefited for several years by insuring with the Society.

I recommend all men and women and dentists to insure with the Society immediately they are qualified. The younger they are the less premium required.

They will find, especially if they have no, or only small private means, that their financial troubles will be lessened if, like myself, they contract a prolonged and incurable disease.

If the sickness is of short duration the sickness benefit will help to pay the locum's fees.

Yours truly,  
ONE WHO HAS BEEN A BENEFICIARY.

## REVIEWS.

THE OSTEOPATHIC LESION. By GEORGE MACDONALD and W. HARGREVE-WILSON.

This book has been written by two osteopaths, one of them medically qualified, with the object of answering the question, "What is an osteopathic lesion?" and "to attempt to substantiate the osteopathic concept" on grounds of orthodox physiology and pathology.

After chapters on anatomy and physiology we reach the pith of the work, namely, the chapter on the osteopathic lesion, for here the cards are laid on the table: it is of the nature of an acute or chronic joint strain. This may be "primary", resulting from some recognized cause, such as injury or postural defect, or "secondary", resulting from "thermal and mental conditions" or trouble in a viscus or any peripheral tissue.

The mechanism by which an osteopathic lesion might influence a viscus is discussed. The authors discard the conception of direct pressure on nerves, and are doubtful whether the osteopathic lesion has any material biochemical influence on them. A reflex mechanism is favoured.

In considering the alleged local and general effects of joints "in lesion", the authors' claims are more modest than those made before the recent Select Committee of the House of Lords.

There is a brief chapter on treatment, though the book deals predominantly with osteopathic theory rather than practice.

One cannot recommend the book as a scientific or logical treatise, but it is recommended on account of the subject with which it deals. It would be presumptuous to suppose that a successful outcome of osteopathic treatment is always the result of chance or of the psychological effect, great though this must be in many instances; to the patient a sprain is a dull triviality; not so an "osteopathic lesion", which requires "normalizing". Indeed, the value of manipulative treatment is appreciated by many, and perhaps insufficiently used by most of us. It is therefore incumbent on us to learn all we can of what the more reputable osteopaths are thinking and doing, lest in rejecting the whole we lose anything of value.

ASYLUM. By WILLIAM SEABROOK. Pp. 266. (London: George Harrap.) Price 8s. 6d.

This is the account of the asylum life of the traveller William Seabrook, who voluntarily spent seven months in a mental hospital to save himself from a dipsomaniac's death. In that time he was cured, and this presentation of his own feelings and reactions to his medical advisers, their treatment, his fellow patients and the remainder of the hospital staff is an interesting study in psychology and a tribute to modern therapeutic methods.

To the lay reader it will be of great interest to read the description of the modern equivalent of the padded cell, to know how great care is taken in the study of every patient, and to realize the value and importance of combining physical with psychological lines of treatment. To the medical man, however, who may only once have been in a mental hospital, and then as a student, there is even greater interest in the subjective rather than the objective side. It is, for example, a lesson in itself to follow the patient's reactions to what the author describes as "strong meat beneath the camouflage" of the doctor's line of treatment.

Nothing illustrates the atmosphere better than the author's description of his own and his visitors' acclimatization to his fellow-patients—schizophrenics and melancholics. And it is in conveying the right atmosphere that he most impresses us.

It is, of course, the atmosphere of an American mental hospital, and the style of writing is American too. There is no doubt, however, that as a true representation of a sane person's reaction to life with the temporarily insane the book is a fascinating study and easy to read. It can indeed be most strongly recommended to both the lay and medical reader.

THE EARLY DIAGNOSIS OF MALIGNANT DISEASE. By GEOFFREY KEYNES, M.A., M.D., F.R.C.S. (John Bale, Sons & Danielsson, Ltd.) Pocket Monographs on Practical Medicine. Pp. 70. Price 2s. 6d.

It is remarkable how complete a survey of the field of malignant disease the author has been able to compress into this small volume—which is very easy to read, and admirably illustrated by short case-histories where they are apposite.

Without being unduly dogmatic, Mr. Keynes certainly justifies the statement that "an attitude which is pathological if it fills a man's mind with regard to himself may be wholly beneficial if it is directed towards the welfare of other people". And he does it in a way which makes attractive reading, and emphasizes in particular the value of modern methods of X-ray diagnosis and their importance as soon as there is suspicion in the doctor's mind, even without clinical signs to justify it.

No mention is made of carcinoma of the pancreas or biliary apparatus, but these are regions where early diagnosis is well-nigh impossible, and the omission is a small one. In conclusion, we would recommend this book most heartily to all those just embarking upon general practice as a pleasant reminder of their responsibilities, and to the "examination-minded" we would point out that it answers about one question of every ordinary surgery paper set in the Final Qualifying Examination.

FURNEAUX'S HUMAN PHYSIOLOGY. Revised edition (Nurses'). By W. A. M. SMART. (Longmans, Green & Co., 1935.) Price 4s.

It would be difficult to estimate the number to whom this notable little book has been the first introduction to the study of the body. This particular edition has been completely revised and extended, with new chapters on Metabolism, the Endocrines and Reproduction



(in the last particular it differs from the standard edition for use in schools).

Although rather too elementary for the medical student, it is a useful text-book for nurses, and, indeed, a number of the questions from the Second M.B. and the State Examination for Nurses have been included. A valuable feature is the well-arranged summary which concludes every chapter. Well produced and profusely illustrated, the book is one to be recommended by medical men to those of the laity desiring to study the subject.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Edin.). "Tulip Fingers." *British Medical Journal*, August 10th, 1935.
- BURROWS, HAROLD, C.B.E., M.B., F.R.C.S. "Pathological Changes Induced in the Mammary Glands by Oestrogenic Compounds." *British Journal of Surgery*, July, 1935.
- CHANDLER, F. G., M.D., F.R.C.P. "Internal Pneumolysis: Results of 110 Consecutive Operations." *Lancet*, October 19th, 1935.
- COCHRANE, E., M.B. "Course, Complications and Prognosis of Open Pulmonary Tuberculosis in Children." *Tubercle*, September, 1935.
- ECCLES, W. McADAM, M.S., F.R.C.S. "Surgical Operations in Relation to Life Assurance." *Medical Press and Circular*, July 24th, 1935.
- ELAM, JOHN, M.R.C.S., L.R.C.P. "A Detachable Laryngoscope." *Lancet*, September 14th, 1935.
- ELLIOT, R. H., D.Sc., M.D., F.R.C.S. "Some Points in Sclero-corneal Trephining." *British Medical Journal*, August 24th, 1935.
- FINZI, N. S., M.B., D.M.R.E.(Camb.). "The Radium Treatment of Navi." *British Medical Journal*, September 28th, 1935.
- GRAHAM, GEORGE, M.D., F.R.C.P. "Recent Advances in the Treatment of Diabetes." *Practitioner*, October, 1935.
- GRIFFITHS, H. ERNEST, M.S., F.R.C.S. "Prognosis in Fractures of the Bodies of the Vertebrae." *Lancet*, August 24th, 1935.
- "Injury and Incapacity with Special Reference to Industrial Insurance." London: Baillière, Tindall & Cox, 1935.
- GROVES, ERNEST W. HEY, M.S., M.D., B.Sc., F.R.C.S. "Fractures of the Neck of the Femur." *British Medical Journal*, September 14th, 1935.

## EXAMINATIONS, ETC.

### Conjoint Examination Board.

#### Pre-Medical Examination, October, 1935.

Biology.—Gollidge, A. H.

#### First Examination, October, 1935.

- Anatomy.**—Ballantyne, J. C., Hardie, P. J., Maycock, R., Meyers, R. L., Webb, C.
- Physiology.**—Ballantyne, J. C., Brockbank, C. A., MacKellie, K. C., Maycock, R., Moynagh, K. D., Redman, V. L., Wedd, J. R. K., Weston, J. W.
- Pharmacology.**—Flavell, G., Friedburg, W. K. S., Halper, N. H., Kennedy, A. B., Schenker, A. W., Taylor, L. R., Williams, W. R.

#### Final Examination, October, 1935.

The following students have completed the examinations for the Diplomas of **M.R.C.S., L.R.C.P.**, and have had the Diplomas conferred on them.

Ali, M. M., Barbour, A. B., Butt, A. Z., Ewen, G. A., Farquhar, J. V. L., French, J., Furber, S. E., Hunt, R. S., Moynagh, D. W., Mundy, R., Nicoll, J. A. V., Robins, J. M., Smallhorn, T., Swain, R. H. A., Wilson, J. D.

## CHANGES OF ADDRESS.

- BURROUGHS, J. H., "Estrelle", 35, Florence Road, Boscombe, Hants. (Tel. Boscombe 1258.)
- FRANKLIN, A. W., 2, Weymouth Street, W. 1. (Tel. Welbeck 9156.)
- KERSLEY, G. D., 6, The Circus, Bath.
- LAWN, J. A. E., Abbontiakoon, nr. Tarkwa, Gold Coast Colony, W. Africa.

- NUNN, J. H. F., Hedgerow, Galley Lane, Barnet, Herts. (Tel. Barnet 3358.)
- PHELPS, I. E., "Bibury", Wellington Road, Taunton, Somerset.
- STRUTHERS, J. A., 6, Elsworth Road, Primrose Hill, N.W. 3.
- TURTON, J. R. H., 26, The Drive, Hove 3. (Tel. Hove 4232—unchanged.)

## BIRTHS.

- ANDERSON.—On November 5th, 1935, at 114, Turnpike Lane, Hornsey, to Ivy ("Billie") (née Bilton), wife of Roy S. Anderson, M.R.C.S., L.R.C.P.—a son.
- FRANKLYN.—On October 31st, 1935, at 30, Keighley Road, Bradford, to Dr. and Mrs. H. Franklyn—a son.
- HARRIS.—On October 30th, 1935, to Frances Annie, wife of G. A. Stocker Harris, 3, Claremont Lane, Esher—a son.
- PHILPS.—On November 20th, 1935, at Beccles, to Joan, wife of Alan Philps, F.R.C.S.—a daughter.
- RADCLIFFE.—On October 28th, 1935, at Wivenhoe, to Muriel, wife of Walter Radcliffe, M.B., B.Chir.—a son.
- SCOTT.—On November 30th, 1935, at 20, Devonshire Place, to Daphne, wife of Dr. Ronald Bodley Scott, of 20, Upper Wimpole Street, W. 1—a daughter.
- WIGHT.—On November 24th, 1935, at Wangford, near Beccles, to Dorothy, wife of Cecil H. Wight, M.C., M.R.C.S., L.R.C.P.—a daughter.

## MARRIAGES.

- CARR—CHRISTOPHERSON.—On November 8th, 1935, at The Parish Church, Reigate, Claude Morris Carr, M.B., only son of the late Dr. Sidney Carr and Mrs. Carr, of Anway, Reigate, to Audrey Lorna Clifford, second daughter of Mr. and Mrs. Dudley Clifford Christopherson, Lochinvar, Reigate Hill.
- PHELPS—NUTTALL.—On November 26th, 1935, at St. Cuthbert's Church, Lytham, Ivor Phelps, to Joyce Nuttall.

## SILVER WEDDING.

- CARNARVON-BROWN—KNIGHT.—On November 16th, 1910, at Petworth Church, Sussex, Arthur Carnarvon-Brown, M.R.C.S., L.R.C.P., to Kathleen Sherwin, only daughter of the late Mr. and Mrs. A. A. Knight, of Petworth.

## DEATHS.

- BURN.—On November 11th, 1935, at Roughton Road, Cromer, George Wilson Burn, M.R.C.S.Eng., aged 88.
- COATES.—On November 1st, 1935, in London, after an operation, George Coates, M.A., M.D., of South Kilworth, Rugby, and Casa dei Paganelli, Bordighera, Italy, aged 84.
- GORDON-WATSON.—On December 21st, 1935, after a long and painful illness, most bravely borne, Alice Geraldine Mary, dearly loved wife of Sir Charles Gordon-Watson, of 82, Harley Street, W. 1.
- NALL.—On November 11th, 1935, suddenly, John Frederick Nall, M.D., F.R.C.S., at Kalinga, Torquay, late of Rahere, Clayfield, Brisbane, aged 72.
- NASH-WORTHAM.—On November 24th, 1935, at the Riviera Hotel, Canford Cliffs, Bournemouth, Francis Leslie Dalton Nash-Wortham, F.R.C.S.(Edin.), late of Dorchester, aged 54.
- RUSHWORTH.—On November 28th, 1935, at Beechfield, Walton-on-Thames, Norman Rushworth, M.R.C.S., L.R.C.P.
- STEUART.—On November 22nd, 1935, at River Street, Johannesburg, William Steuart, M.R.C.S., L.R.C.P., M.I.E.E., aged 59.
- WORBOYS.—On November 13th, 1935, at Northallerton, peacefully, after a long illness, Thomas Sanders Worboys, M.R.C.S., L.R.C.P., the dear husband of Rosetta Worboys, aged 69.

## NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.



# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

### King George V.

**T**HE FATHER of his people has passed away. The year had barely gone that had crowned a life of gracious care for the nation, a year that of all others revealed each endearing trait of a great and godly man. He did not reign by reigning but by service and devotion, without respect of persons. He went with us into our troubles and led us back to peace, for there was no calamity that did not gain his instant sympathy, no joy that he did not wish to share.

At the Royal Hospital we are proud to claim the privilege of His late Majesty's keen interest in our affairs, for as Prince of Wales he was President, as King the Patron of St. Bartholomew's. In 1907 he opened the Out-Patient Department at the foundation of which, three years before, he had accompanied his father. The Little Britain Gate still shows the scars of the air raid which brought his gracious sympathy in an informal visit to the maimed and dying in the Hospital.

The swiftness of his last illness has made his loss a deadening shock to the nation, but for his life we with all Britain can offer such thanks as fit a King's remembrance.